HEALTHQUEST
FITNESS CLUB

HQ Smart Start

Is there a particular reason you joined HealthQuest? _____

_____

PERSONAL INFORMATION

Name _____

Birth Date _____ Age _____ Gender_____

Phone Number _____

Email _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Phone Number _____

PHYSICIAN INFORMATION

Physician's Name _____ Phone Number _____

Date of Last Physical _____

Are you currently under the care of a physician, chiropractor, or health care professional for any reason? ☐Yes ☐No

If yes, please explain _____

Is a physician medically referring you? ☐ Yes ☐No

If yes, please list the doctor's name, the previous condition, rehabilitation type, and limitations below:

Are you currently taking any medications, dietary supplements, vitamins, etc.? ☐Yes ☐No

If yes, please list & explain _____

Do you have any allergies? ☐Yes ☐No

If yes, please list _____

Do you have a senior membership? ☐Yes ☐No

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HEALTH HISTORY FORM

FAMILY HEALTH HISTORY: Has any paternal or maternal grandmother or grandfather, father, mother, brother, or sister experienced any of the following:

Cardiovascular Disease	☐	Diabetes	☐	Asthma/Emphysema	☐
Heart Attack	☐	High Blood Pressure	☐	Gout	☐
Stroke under Age	☐	High Cholesterol	☐	Cancer	☐

PERSONAL HEALTH HISTORY: Have you experienced any of the following:

High blood pressure	☐	High Cholesterol	☐	Chest pain/Angina	☐
Heart attack	☐	Stroke	☐	Abnormal ECG	☐
Chronic Illness	☐	Hernia	☐	Pregnancy	☐
Diabetes	☐	Arthritis/Osteoporosis	☐	Cigarette Smoking	☐
Epilepsy/Seizure	☐	Menopause	☐	Lung Issues	☐
Thyroid Condition	☐	Recent Surgery(12mo)	☐	Concussion	☐
Sedentary for a year	☐	Other _____			

Please indicate if you presently have or have had any condition affecting the following areas:

Head/Neck	☐	Wrist/Hand	☐	Thigh/Knee	☐
Upper Back	☐	Lower Back	☐	Lower Leg/Ankle/Foot	☐
Shoulder/Clavicle	☐	Hip/Pelvis	☐	Arm/Elbow	☐

My exercise experience would be categorized as:

☐None ☐Some Experience ☐Moderate Experience ☐Very Experienced

I would categorize my lifestyle as:

☐Underactive ☐Moderately Active ☐Active ☐Over Active

Do you currently exercise? ☐Yes ☐No

How many days per week? _____ How many minutes per session? _____

My current workout regimen consists of cardio. ☐Yes ☐No

My current workout regimen consists of strength training. ☐Yes ☐No

Check your workout preference…

☐With A Personal Trainer ☐With a small group ☐With a Large Group ☐By Myself

Fitness Engagement Coach Gender Preference ☐Male ☐Female ☐No Preference

HOLD HARMLESS AGREEMENT

The undersigned acknowledges that engaging in a fitness program is potentially hazardous and could result in bodily injury of the participant. The undersigned acknowledges further and agrees that HealthQuest, its officers, agents and employees do not undertake any responsibility, nor shall they be responsible for the participant at any time while going to, coming from, or engaging in the activity. The undersigned participant for himself, herself, themselves or their heirs, administrators, and executors do hereby agree, intending to be legally bound hereby, that the undersigned and anyone acting under them through them, shall and by these presents do indemnify, hold harmless and excuse HealthQuest, its officers, agents and employees from any and all expenses, costs, charges, bills, claims, damages, lawsuits, and liability for bodily harm or injury, or caused by the participant to any other person or entity during the course of the activity, or as a result of the activity.

Member Signature _____ Date _____