



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Email: \_\_\_\_\_

	YES	NO
Do you smoke?		
Do you drink alcohol?		
Do you regularly exercise now? If yes, how often? If no, when was the last time?		
Are you tired or lack energy during the day?		
Is your sleep consistent and restful?		
Do you drink at least 8 glasses of water a day?		
Do you drink coffee or soda?		
Do you take prescription meds? What conditions are they prescribed for?		
Do you take OTC meds? Please list.		
Do you take herbal or nutritional supplements? Please list.		
Do you take a multi-vitamin/mineral?		
What do you eat in a typical week day (M-F)?		
What do you eat in a typical weekend day (Sat/Sun)?		
What is your occupation?		
How stressful is your job?		
Do you participate in any sports? Are they recreational or competitive? Please list.		



	YES	NO
Do you have back pain, knee pain or shoulder pain?		
Do you have high blood pressure?		
Do you have high cholesterol?		
Are you epileptic or prone to seizures?		
Do you have a cardiac condition?		
Do you have asthma?		
Do you have diabetes?		
Do you have HIV/Aids?		
Do you have stiff, swollen or painful joints?		
Have you lost consciousness or fell over as a result of dizziness?		
Do you suffer from depression?		
Have you had any broken bones or joint injuries? Please list.		
Have you had any surgeries? Please list.		
Have you ever been told by a physician to avoid any type of exercise?		
List any other health concerns or conditions that you have or have questions about.		
What do you want to accomplish be training here? For example, lose weight? Improve performance? Increase strength? Get healthy?		

I, the undersigned, have read, understood, and have answered the above questions fully and truthfully. I am aware of my responsibilities to consult with my personal physician regarding my medical fitness to engage in exercise. I do hereby intend to be legally bound for myself and waive and release of any and all rights the claims for damages I may have against the training facility and the fitness trainer/coach administering the exercise and/or nutritional program provided to me.

Name:(print):\_\_\_\_\_

Signature:\_\_\_\_\_ Date:\_\_\_\_\_