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**Medical History/ Lifestyle Questionnaire**

In order to design a safe and effective program it is important that you complete the following form. All information is strictly confidential.

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **age**:\_\_\_\_ **Date of birth**:\_\_\_\_\_\_\_\_

**Address/City/State/Zip**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home phone: \_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_ Email**:\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name & best number to contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Do you have any chronic illnesses (if so please list)? \_\_\_\_\_\_\_\_\_\_\_

\*Do you have any allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been hospitalized? Y N

 Type of operation(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month and year hospitalized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you exercise on a regular basis? Y N

How would rate your diet? Excellent Very good Good Not the best Poor

List some of the goals you hope to get out of a fitness program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goals by Importance**

Please number by order of importance, #1 being most important

\_\_\_ Increase Flexibility

\_\_\_ Increase Energy

\_\_\_ Muscular Strength

\_\_\_ Strengthen & Tone

\_\_\_ Improve Overall Well Being

\_\_\_ Other



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**EXERCISE PARTICIPATION INFORMED CONSENT AND WAIVER FORM**

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially HAZARDOUS ACTIVITY. I also understand that fitness activities involve RISK OF INJURY and even DEATH and that I am voluntarily participating in these activities and do expressly assume any and all risk of injury or death.

I do hereby further declare myself to be PHYSICALLY SOUND and suffering from no conditions, impairment, disease, infirmity, or other illness that would prevent my participation in any activities and programs or use of equipment and machinery. I do hereby acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity and exercise, so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician’s permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician.

I do hereby ASSUME ALL RESPONSIBILITY for my participation in an exercise program.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature** **Date**

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**Name (please print)**