MEDICAL HISTORY QUESTIONNAIRE

Name:						Date:		
Home Address:								
Home Phone:								
Work Address:								
Work Phone:								
E-mail:								
Age:		Date of Birth:		Sex:	-	Height:		Weight:	

GENERAL MEDICAL HISTORY *(Check one)*

1. Do you currently have any medical complaints?	☐ Yes ☐ No
2. Have you ever been hospitalized, treated for serious illness, or had surgery? If yes, please explain.	☐ Yes ☐ No
3. Have you had major surgery or an injury that might hinder or prohibit participation in an exercise program?	☐ Yes ☐ No
4. Are you currently under a physician's care for any physical health problem? If yes, please explain.	☐ Yes ☐ No
5. Are you aware of any problems that would keep you from participating in regular, vigorous physical activity. If yes, please explain	☐ Yes ☐ No
6. Are you presently taking any medication (prescription and non-prescription)? If yes	☐ Yes ☐ No

Medication:		Dose:		Reason for taking:		For how long?	

7. Do you have, have you recently experienced, or have you ever had (check those applicable)

☐ Rheumatic fever	☐ Emotional disorder	☐ Disordered eating	☐ Heart attack
☐ High cholesterol	☐ Trouble sleeping	☐ Shortness of breath	☐ Heart medications
☐ High blood pressure	☐ Knee problems	☐ Migraine	☐ Stomach problems
☐ Infections	☐ Lightheadedness, fainting or dizziness	☐ Back problems	☐ Limited movement in joints
☐ Aneurysm	☐ Respiratory discomfort	☐ Foot problems	☐ Shoulder problems
☐ Asthma	☐ Fixed rate pacemaker	☐ Disease of arteries	☐ Ulcers
☐ Embolism	☐ Emphysema	☐ Abnormal lack of energy	☐ Anemia
☐ Stroke	☐ Bronchitis	☐ Arthritis	☐ Heart murmur
☐ Diabetes	☐ Depression	☐ Neck problems	☐ Thromgophlebitis
☐ Edema/swelling	☐ Low blood pressure	☐ Hernia	☐ Angina/chest pain/discomfort
☐ Pneumonia	☐ Valve disease	☐ Bursitis	☐ Epilepsy/seizure
☐ Increased anxiety	☐ Rapid heartbeats or irregular heart	☐ Broken bones	

8. Do any of your immediate family/grandparents have a history of (check those applicable)

☐ Heart disease	☐ diabetes	☐ high blood pressure
☐ Heart surgery	☐ heart attack	☐ stroke
☐ High cholesterol	☐ congenital heart disease	☐ premature death

If yes, please note relationship and age

Weight History (this will remain confidential between you and your trainer)

One year ago		Today		Maximum Ever	

Smoking History

☐ Ever ☐ Yes ☐ No

9. How long since you quit? How many cigarettes/day?

☐ Now ☐ Yes ☐ No #

Nutrition History

10. Do you drink caffeinated coffee or colas? ☐Yes ☐ No, If yes how many per week

11. Are you now or have you ever been on a diet? ☐ Yes ☐ No, If yes, please explain:

Do you consider yourself overweight?		☐ Yes ☐ No
Do you consider yourself underweight?		☐ Yes ☐ No
Number of meals you usually eat per day:		
Do you usually eat breakfast?		☐ Yes ☐ No

☐ *I have read, understood and completed this questionnaire. To the best of my knowledge, the above information is true. I understand that if my health changes in such a way as to limit my exercise capacity, I will tell my fitness professional.*

_____ _____/_____/_____

Signature Date

■■■ All information is kept confidential ■■■

Personal Training Waiver and Assumption of Risk

Waiver and Assumption of Risk: I,_____, in consideration of being permitted to participate in physical activity in the Pro Q Fitness Personal Training Program and to use its equipment and facilities, on behalf of myself, my family, my heirs, and my assigns, **I hereby release Pro Q Fitness, and each of their respective employees,** from any and all liability for injury, death, negligence or negligence of a third party, property loss or damage suffered by me as a result of my participation in the program, or my use of the facilities and its equipment, or any way associated with my participation in any and all program activities now or in the future. I agree to pay monies to Pro Q fitness LLC at the specific rate for training packages discussed prior to the first session.

I,_____, acknowledge that I know, understand, and appreciate the inherent risks of participating in this program, using the facilities or the equipment and of participating in the Pro Q Fitness Training Program. My participation in this program has been approved by my physician. I know that these risks may include, but are not limited to minor scrapes, strains, and bruises, as well as significant injuries such as broken bones, eye injury or loss, concussions, paralysis, and even death. By execution of this agreement, I fully assume the inherent risks associated with the Pro Q Fitness Personal Training Program am and assert that I am voluntarily participating in such activities. I understand that by signing below, that my personal information will be shared with my potential and or specific trainers for the purpose of their training services only. I have read this release of liability, fully understand it, freely and voluntarily sign the same, and I am acting for myself, my heirs, personal representatives and assigns.

Signature (your signature):_____

Address: _____ _____ _____

(street) (city/state) (zip)

NOTE: IF YOU ARE LESS THAN EIGHTEEN YEARS OLD, YOUR PARENT OR LEGAL GUARDIAN ALSO MUST SIGN BELOW:

Signature (Parent/Legal guardian signature): _____ Date: ____/____/____

Address: _____ _____ _____
(street) (city/state) (zip)

Client – Trainer Agreement Form

1. I understand that I need to pay for my personal training sessions prior to our first session.
2. I understand that I need to give my trainer 24 hours notice if I need to cancel or reschedule a session. If I do not contact the trainer within 24 hours of my scheduled session to cancel, I will be charged for that session.
3. I understand that if I do not show up for a session, I will be charged for the full price of that session.
4. I understand that my trainer will wait up to 15 minutes if I am late and the session will still end at the scheduled time.
5. I understand that I need to eat well and drink plenty of water before each personal training session.
6. I understand that I need to vocalize any pain or illness I am feeling prior, during, and after the session.
7. I understand that the training environment is up-close and personal and I need to be courteous to my trainer with good overall hygiene.
8. I understand that I need to wear proper workout attire.

☐ **I UNDERSTAND THAT SESSIONS ARE NON-REFUNDABLE AND EXPIRE SIX MONTHS FROM DATE OF SIGNATURE.**

Client signature: _____ Date: ____/____/____

Trainer signature: _____ Date: ____/____/____