

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Occupation \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Contact # \_\_\_\_\_ Contact Relation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Goal Weight \_\_\_\_\_

Reason for coming to Physical Ed's \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

How much time are you planning to commit to an exercise program? \_\_\_\_\_

What benefits do you expect from a regular exercise program? \_\_\_\_\_

Please list any other goals \_\_\_\_\_

Typical excuse to avoid exercise \_\_\_\_\_

Describe your current exercise program \_\_\_\_\_

Please list any medications you are currently taking \_\_\_\_\_

**Medical History** - Do you now or have you ever had:

\_\_\_ History of heart problems, chest pain or stroke

\_\_\_ Any chronic illness or condition

\_\_\_ Advice from physician not to exercise

\_\_\_ Pregnancy (now or within last 3 months)

\_\_\_ Muscular, joint, skeletal, or spinal injury (last 12 months)

\_\_\_ Smoking

\_\_\_ High blood pressure

\_\_\_ Hernia

\_\_\_ Recent surgery

\_\_\_ Lung problems

\_\_\_ Diabetes

\_\_\_ Thyroid condition

\_\_\_ Obesity

\_\_\_ Family history of heart disease

Please detail any injuries, limitations or conditions: \_\_\_\_\_

I am not aware of any health conditions or problems other than those marked above:

Client Signature \_\_\_\_\_ Date \_\_\_\_\_