

**Health Questionnaire**

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| **Welcome New Client** | | | | |
| Name: | | | Date of Birth | Age |
| Address: | | | | |
| City, State, Zip: | | | | |
| Best Contact Phone Number: | Second Contact Number: | | E-mail address: | |
| Employer | | Occupation | | |
| In case of emergency notify | | | | |
| Name | | | Phone 1 | |
| Phone2 | |
| **Medical Information** | | | | |
| Physician’s Name | | Phone: | | |
| Are you under the care of a physician, chiropractor, or other health care professional for any reason? \_\_\_\_Yes \_\_\_\_No  If yes, please provide reason: | | | | |
| Are you taking any medications? \_\_\_\_Yes \_\_\_\_No If yes, please complete the following:  Type: Dosage/Frequency: Reason for taking: | | | | |
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|  | | | | |
|  | | | | |
| Please list any allergies. | | | | |
| Has your doctor ever said your blood pressure was too high? \_\_\_\_Yes \_\_\_\_No | | | | |
| Are you over the age of 65?? \_\_\_\_Yes \_\_\_\_No | | | | |

**516-312-1901**

**BeautifulFitFree@gmail.com**

**Healthcare** **Questionnaire**

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| --- | --- | --- | --- | --- | --- |
| Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise? \_\_\_\_Yes \_\_\_\_NO | | | | | |
| Are you unaccustomed to vigorous exercise? \_\_\_\_Yes \_\_\_\_No | | | | | |
| Have you recently experienced any chest pain associated with either exercise or stress? \_\_\_\_Yes \_\_\_\_No  If yes, please explain: | | | | | |
| Is there any reason not mentioned why you should not follow a regular exercise program? \_\_\_\_Yes \_\_\_\_No  If yes, please explain: | | | | | |
| **Smoking:**  Do you currently smoke? \_\_\_\_Yes \_\_\_\_No If you are a former smoker when did you quit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If currently smoking, how many cigarettes per day? \_\_\_\_Less than 15 \_\_\_\_15 to 25 \_\_\_\_26 to 35 \_\_\_\_>35  Are you a cigar or pipe smoker? \_\_\_\_Yes \_\_\_\_No | | | | | |
| **Family Medical History:**  **If there is a family history for any of the conditions below?**  **Asthma? \_\_\_\_Yes \_\_\_\_No**  **Respiratory/Pulmonary Conditions? \_\_\_\_Yes \_\_\_\_No**  **Type I Diabetes? \_\_\_\_Yes \_\_\_\_No Type II Diabetes? \_\_\_\_Yes \_\_\_\_No**  **Epilepsy: Petite Mal? \_\_\_\_Yes \_\_\_\_No**  **Osteoporosis? \_\_\_\_Yes \_\_\_\_No** | | | | | |
| **Personal Medical History:**  Do you haveany of the conditions below?  **Asthma? \_\_\_\_Yes \_\_\_\_No**  **Respiratory/Pulmonary Conditions? \_\_\_\_Yes \_\_\_\_No**  **Type I Diabetes? \_\_\_\_Yes \_\_\_\_No Type II Diabetes? \_\_\_\_Yes \_\_\_\_No**  **Epilepsy: Petite Mal? \_\_\_\_Yes \_\_\_\_No**  **Osteoporosis? \_\_\_\_Yes \_\_\_\_No** | | | | | |
| **Lifestyle and Dietary Factors:**  **Occupational Stress Level: \_\_\_\_Low \_\_\_\_Medium \_\_\_\_High**  **Energy Level \_\_\_\_Low \_\_\_\_Medium \_\_\_\_High**  **Caffeine Intake Daily \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alcohol Intake Daily\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Colds per year? \_\_\_\_\_\_\_\_ Gastrointestinal Disorder? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Anemia?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Hypoglycemia?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thyroid Disorder? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Are you pregnant? \_\_\_\_Yes \_\_\_\_No** | | | | | |
| **516-312-1901**  **BeautifulFitFree@gmail.com**  **Healthcare** **Questionnaire** | | | | | |
| **Cardiovascular:** If you have experienced any of the conditions below, please indicate date.  High Blood Pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hypertension\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High Cholesterol\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Heart Disease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heart Attack \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stroke\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Angina\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gout\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Musculoskeletal Information:**  Please describe any past or current conditions you have incurred such as muscle pulls, sprains, fractures, surgery, pain or discomfort: | | | | | |
| **Head/Neck** | | | | | |
| **Upper Back** | | | | | |
| **Shoulders** | | | | | |
| **Arm/Elbow** | | | | | |
| **Hand/Wrist** | | | | | |
| **Lower Back** | | | | | |
| **Hip/Pelvis** | | | | | |
| **Thigh** | | | | | |
| **Knee** | | | | | |
| **Ankle** | | | | | |
| **Other:** | | | | | |
| **Do you have arthritis?**  **\_\_\_\_Yes \_\_\_\_No** | | | **Have you had recent surgery? \_\_\_\_Yes \_\_\_\_No**  **Date and Type?** | | |
| ***Thank you for helping me design the best plan for your individual needs.*** | | | | | |
| **Welcome New Client** | | | | | |
| **410-356-4678**  **BeautifulFitFree@gmail.com**    **Healthcare** **Questionnaire-Your Goals** | | | | | |
| **How Many Days a Week can you workout?** | | **For How Long? 15, 30 or 45 Minutes?** | | | |
| What are your goals? | Reduce, Inches, Weight, Body Fat % | Increase Energy | | Increase Inner Peace | Full Wellness |
| **Please Circle all of the above that apply or add other.** | | | | | |
| Who is on your support team? Husband/Wife, Friends, Children…. | | | | | |
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| Please add any additional comments: | | | | | |
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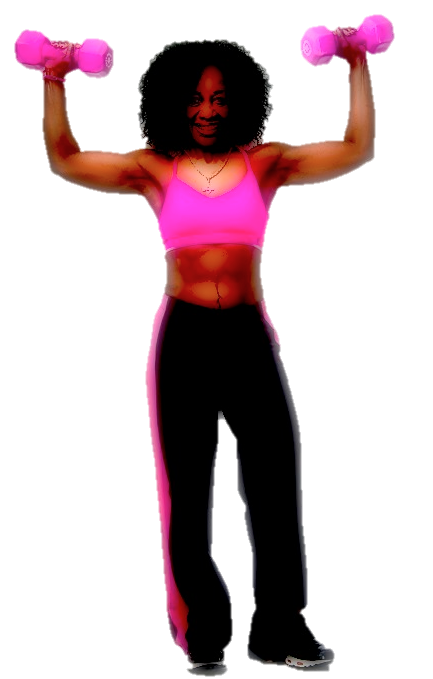
**Client Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**410-356-4678**

**BeautifulFitFree@gmail.com**

** Waiver & Release of Liability**

**“**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby expressly and affirmatively state that I wish to participate in the personal training program with Lori D. Frazier of EveryBody’s Beautiful LLC/BeautifulFitFree.com

“I hereby affirm that I am in good physical condition. I do agree to disclose any physical limitation, prior injuries, disabilities, ailments, or impairments, which may affect my ability to participate in said fitness program. I understand that Lori D. Frazier is a personal training consultant and not a medical doctor, and that she will in fact be relying on my representations and disclosures regarding my health and physical condition.”

“I fully understand that I may injure myself as a result of my participation in the exercise program designed by Lori D. Frazier, and I,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby release Lori D. Frazier, EveryBody’s Beautiful LLC/BeautifulFitFree.com its assignees or successors from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heart prostration, knee/back/neck/foot/shoulder/wrist, and any other injuries, illness, or soreness, however caused or occurring during or after my participation in the exercise program.”

“I also do not hold the aforementioned fitness consultant liable for any personal injury, bodily injuries, or property damage while participating any other personal fitness training program.”

I hereby affirm that I have read and fully understand the above.

**Client Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**