

# HEALTH HISTORY FORM

***We can develop a specialty fitness program for your needs, goals, and concerns only if we have the following information. In most cases the history form is the most important factor in determining a result-orientated certified fitness program!***

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street address \_\_\_\_\_ Phone \_\_\_\_\_  
Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Email \_\_\_\_\_  
Marital status \_\_\_\_\_ Children \_\_\_\_\_ Ages \_\_\_\_\_  
Occupation \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently taking any medications or drugs? If so, please list:

<u>Medication</u>	<u>Dose</u>	<u>Reason for taking</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently using vitamin supplements? Please list: \_\_\_\_\_

\_\_\_\_\_

Are you currently under your physician's care for any reason? Please explain: \_\_\_\_\_

\_\_\_\_\_

Physical therapist, chiropractor, or any health care physician \_\_\_\_\_

\_\_\_\_\_

Does your physician or health care provider know you are participating in this program:

\_\_\_\_\_ If needed would it be ok to contact him/her? \_\_\_\_\_

Have you ever participated in an exercise program? If so please explain? \_\_\_\_\_

\_\_\_\_\_

When was the last time you were physically active? \_\_\_\_\_

\_\_\_\_\_

What kind of exercises interest you most? \_\_\_\_\_

\_\_\_\_\_

How long has it been since you exercised regularly? \_\_\_\_\_

Do you consider yourself overweight/underweight? If so, how much? \_\_\_\_\_

When was the last time you were at your ideal body weight? \_\_\_\_\_

How did you feel at that time? Can you compare it to now? \_\_\_\_\_

\_\_\_\_\_

Do you currently own any exercise equipment? If so, briefly describe. \_\_\_\_\_

Are you interested in us helping you acquire more exercise equipment? \_\_\_\_\_

<i>Do you now have or have you had in the past:</i>	<b>YES</b>	<b>NO</b>	<b>WHEN?</b>
1. History of heart problems, chest pain, or stroke	_____	_____	_____
2. High blood pressure	_____	_____	_____
3. Any chronic illness or condition	_____	_____	_____
4. Difficulty with physical exercise	_____	_____	_____
5. Advice from physician not to exercise	_____	_____	_____
6. Recent surgery (last 12 months)	_____	_____	_____
7. Pregnancy (now or within last 5 months)	_____	_____	_____
8. History of breathing or lung problem	_____	_____	_____
9. Muscle, joint, or back disorder or any other previous injury that is still bothering you	_____	_____	_____
10. Cigarette smoking	_____	_____	_____
11. Diabetes or thyroid condition	_____	_____	_____
12. Obesity (more than 20% over your ideal weight)	_____	_____	_____
13. Increased blood cholesterol	_____	_____	_____
14. History of heart problems in immediate family	_____	_____	_____
15. Any problems/pain when you lift weights	_____	_____	_____

Please list any other reason(s) that may limit you in performing an exercise routine: \_\_\_\_\_

\_\_\_\_\_

Have you ever worked with a fitness professional/trainer before? If so when? \_\_\_\_\_

What was your experience working with that trainer and why did you stop? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Waiver of Liability

By my signature below, I affirm my participation in RG Personal Training, LLC, other program(s) of strenuous physical activity, including, but not limited to aerobic exercises, weight training, and the use of various pieces of aerobic-conditioning equipment. I further affirm that I am (at least) eighteen years of age and do not suffer from any disability that would prevent or limit my participation in this exercise program.

For myself, my heirs and assigns, I hereby release and hold harmless RG Personal Training, LLC (its employees, coaches, officers, directors, staff and/or owners), from any claims, demands and causes of action arising from my participation in this exercise program.

I fully understand that I may injure myself as a result of my participation in this exercise program, and I hereby release RG Personal Training, LLC, from any liability now or in the future. I understand the risks inherent in exercise and accept responsibility for those risks. I hold RG Personal Training, LLC harmless for problems arising from, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness or injury, however caused, occurring during or after my participation in this exercise program.

THE UNDERSIGNED WAIVE ANY CLAIM AGAINST, RELEASE AND HOLD HARMLESS, RG PERSONAL TRAINING, LLC, ITS COACHES OFFICERS, DIRECTORS, STAFF, AGENTS AND OWNERS FOR INJURY, INCLUDING DEATH NOT CAUSED BY WILLFUL AND WANTON ACTIONS OF ALL OF THE ABOVE PARTIES, WHICH COULD FORSEEABLY CAUSE SUCH INJURY.

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

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Print Full Name

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Address

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City, State, Zip

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Signature

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Date