

## Personal Training Client Health History Form

Please answer each question by printing the necessary information. Your answers will be kept confidential.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number(s) Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_  
**In case of emergency, please notify:**  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_

**Please take a moment to CAREFULLY read the following information and sign where indicated. Please ask trainers any questions you may have regarding liability release prior to signing.**

I understand that the personal training I receive is provided for the purpose of exercise instruction and guidance. I further understand that personal trainers are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, or provide nutritional planning, and that nothing said in the course of the session(s) given should be considered as such. I should see a physician, chiropractor, registered dietitian or other qualified medical specialist prior to performing any exercise or for any nutritional concerns, mental or physical ailment that I am aware of. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the personal trainer updated as to any changes in my medical profile, and understand that there shall not be liability on the personal trainer's part should I forget to do so. I understand that I have enrolled in the personalized health and fitness program offered through Competitive Edge Athletics / Gary Moniz / Cole McKenzie / Victor Magaña and/or its affiliates. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, boxing and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any know disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by Competitive Edge Athletics / Gary Moniz / Cole McKenzie / Victor Magaña and/or its affiliates affiliates. In consideration of my participation in this program, I hereby release Competitive Edge Athletics / Gary Moniz / Cole McKenzie / Victor Magaña and/or its affiliates from any claims, demands, and causes of action as a result of my voluntary participation and enrollment of the provided personal training services and/or exercise classes and/or boxing class. I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release Competitive Edge Athletics / Gary Moniz / Cole McKenzie / Victor Magaña and/or its affiliates from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, turf burn or any other illness or soreness that I may incur, including death.

**I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.**

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

### GENERAL MEDICAL HISTORY AND INFORMATION

Please note: In order to assist you in the development of a rewarding physical fitness program, we need to have your honest and accurate responses.

**Are you under the care of a physician, chiropractor, or other health care professional for any reason?**

If yes, list reason: \_\_\_\_\_

**Are you aware of any disease or disorder that would complicate your participation in a testing or exercise program?** \_\_\_\_\_

**Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise?** \_\_\_\_\_

**Are you taking any medications? If yes please indicate the type of medication, dosage, frequency and reason(s) for taking it.** \_\_\_\_\_

**Has your doctor ever said your blood pressure was too high?** \_\_\_\_\_

**Are you over age 65?** \_\_\_\_\_ **Are you unaccustomed to vigorous exercise?** \_\_\_\_\_

**Is there any reason not mentioned here why you should not follow a regular exercise program?**

If so, please explain \_\_\_\_\_

**Please describe any past or current musculoskeletal conditions you have incurred such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort:**

**Head / Neck** \_\_\_\_\_ **Upper Back** \_\_\_\_\_

**Shoulder / Clavicle** \_\_\_\_\_ **Arm / Elbow** \_\_\_\_\_

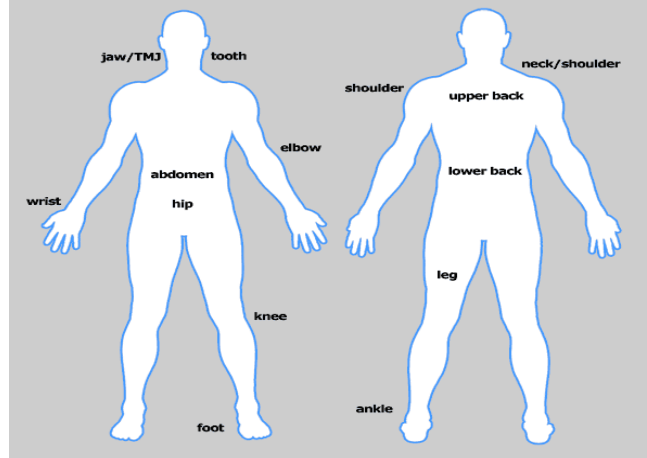
**Wrist / Hand** \_\_\_\_\_ **Lower Back** \_\_\_\_\_

**Hip / Pelvis** \_\_\_\_\_ **Thigh / Knee** \_\_\_\_\_

**Lower Leg / Ankle / Foot** \_\_\_\_\_

**~ CONTINUED ON BACK ~**

Please "XXXX" any areas of pain, injury, tension, or restriction of movement.



**Have you recently experienced any chest pain associated with either exercise or stress?**

If so, please explain \_\_\_\_\_

**Do you have a family history of any of the following conditions?**

Heart Disease \_\_\_\_\_ Heart Attack \_\_\_\_\_ Hypertension \_\_\_\_\_ Gout \_\_\_\_\_  
Abnormal EKG \_\_\_\_\_ Asthma \_\_\_\_\_ High Cholesterol \_\_\_\_\_ Angina \_\_\_\_\_  
Diabetes \_\_\_\_\_ Other heart conditions \_\_\_\_\_

**Do you have a family history of cardiovascular disease? If so, how many occurrences and what approximate ages?** \_\_\_\_\_

**Are you a smoker? If so, what is your smoking frequency?** \_\_\_\_\_

**Are you on any specific food / nutritional plan at this time?** \_\_\_\_\_

**Do you take dietary supplements? If yes, please list** \_\_\_\_\_

Who were you referred by? Magazine Ad? Google? Yelp? Facebook? Friend? \_\_\_\_\_ Other? \_\_\_\_\_

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

(Minor) Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Minor) Printed name of Guardian \_\_\_\_\_

(Minor) Phone number the Guardian can be reached in case of emergency \_\_\_\_\_

**STAFF USE:** Trial ☐ Yes ☐ No

**Purchased Sessions Date:** \_\_\_\_\_

# Client Profile Questionnaire

## Current Exercise Information

Please explain your current exercise regimen including all strength training, cardiovascular training or other sporting activities that you perform.

Day of the Week / Activity / Length of Time

## Body Type / Activity Level / Goal Information

**What are your goals?** (Circle those that apply)

Body Fat Loss    Muscle Gain    Strength Production    Increase Flexibility    General Health Maintenance

Other:

**How active are you and/or what is your exercise lifestyle like?** (Circle those that apply)

Sedentary    Moderate    Exercise    Competitive Exercise    Bodybuilding

**Does your job require you to be.....** (Circle those that apply)

Sedentary    Somewhat Active    Active    Very Active

**Please answer yes or no to the following questions:**

Is it hard for you to gain weight?

Can you eat a lot and still not gain weight?

Do you gain or lose weight according to your fluctuations in activity and food consumption?

Is it hard for you to lose weight?

Do you gain weight if you're not careful about food intake?

**Please list any other information that may be helpful regarding your nutritional habits:**

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