



20 Minute Fitness at Pacific Wellness, LLC Fitness, Lifestyle & Health Information

Date: \_\_\_\_\_

General Information

Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender:  Female  Male

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Single  Married  Other

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Pager: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_ Best place to leave a message?  Home  Work  Cell

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Date of your last physical: \_\_\_\_\_

Personal Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse's/Partner's name (if applicable): \_\_\_\_\_

Name of person to call in an emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us or who referred you to us? \_\_\_\_\_

■ Fitness Information

I currently have a club membership with: \_\_\_\_\_ I work out: \_\_\_\_\_ (Example: morning's 3x a week)

I currently have a Personal Trainer. Our strength training method is: \_\_\_\_\_

I "self-train" or work out by: \_\_\_\_\_

If you don't currently have a Trainer, have you ever participated in personal training?  Yes  No

If yes, with whom and how long? \_\_\_\_\_

Have you ever participated in Physical Therapy?  Yes  No **If yes, when:** \_\_\_\_\_

Facility Name: \_\_\_\_\_ Therapist: \_\_\_\_\_

Phone: \_\_\_\_\_ Reason for treatment: \_\_\_\_\_

Results Achieved: \_\_\_\_\_

Are you involved in other exercise, sports, or recreational activities? (Please list.)

**Current:** \_\_\_\_\_

Future: \_\_\_\_\_

If you have **personal barriers to exercise**, what are they? \_\_\_\_\_

How **important and committed** are you to your health and fitness *at this time*? From **1 to 10** I am a\_\_

(1 is least and 10 is most)

### ■ Lifestyle Information

How long is your work day? \_\_\_\_\_ Are your work hours:

Fixed  Flexible

Is your job more physically or mentally demanding? \_\_\_\_\_

What types of activity does your job regularly require (if it does):

Walking  Carrying things  Lifting  Pushing  Pulling  Reaching

Other: \_\_\_\_\_

Do you regularly:  travel out of town for work **and/or**  pleasure If yes, how much? \_\_\_\_\_

**Your personal and/or work schedule:** Is there anything that *might compete* for your exercise time and make it a challenge to *exercise consistently*? \_\_\_\_\_

**If applicable**, how much time do you spend taking care of children/teenagers:  
(Including activities, school and homework, sports, events, etc.)

Minimal amount of my time  Medium amount of my time  A large part of my time

If you could fit your workout ideally into your life, what would it look like? (Please describe how and when.)

■ **Health Information**

Are you, or do you think you are, pregnant?  Yes  No

Are you planning on becoming pregnant?  Yes  No If yes, approximately

when: \_\_\_\_\_

Are you taking any prescribed medications?  Yes  No

If yes, please list medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you taking any over-the-counter meds and/or herbs more than once a week?

Yes

No

**If yes**, please list: \_\_\_\_\_

\_\_\_\_\_

Have you had any past injuries, broken bones, car accidents or operations in the last five years?

Yes

No

**If yes**, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you had any areas of weakness, muscle tension, muscle tightness or constant stiffness?

Yes

No

No

**If yes**, please explain: \_\_\_\_\_

\_\_\_\_\_

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Do you, or your relatives, have, or have ever had, any of the following : **(If yes, when?)**

**Medical Diagnosis and Health Conditions**

Health Condition	Check if YES for You	Check if YES for Your Family (Blood relatives)	When/ Notes
Anemia			
Aneurysms			
Asthma			
Arthritis/Joint Degeneration			
Allergies or sinus			
Attention Deficit/Hyper-activity Disorder			
Cancer			
Carpal Tunnel Syndrome			
Coronary Artery Disease			
Chronic Fatigue Syndrome			
Chronic obstructive respiratory disease (COPD)			
Crohn's			
Diabetes Mellitus			
Pre-Diabetic			
Depression			
Dizziness			
Fainting			
Fibromyalgia/Myofascitis			
GI Problems			
Heart condition			
Headaches			
Hernia			
High Cholesterol			
High Blood Pressure			
Hypoglycemia			
Hypertension			
IBS			
Joint injury or pain: (shoulder, hip, wrist, ankle, elbow, knees, finger, toe)			List joint injury or area(s) of pain:
Low back pain, tension or fatigue			
Lymphodema			
Malnutrition			
Menstrual Irregularities			
Menopause			
Multiple Sclerosis			

Pre-Menopause			
Post-Menopause			
Neck pain, tension or fatigue			
Over-weight			
Obesity			
Osteo Arthritis			
Osteoporosis/skeletal health			
Rheumatoid Arthritis			
Rotator Cuff Injury			
Stroke			
Spinal Injury (neck and/or back)			
Tendonitis			
Thyroid Condition			
Surgeries (any type) Pre/Post Surgical Spine Procedures: laminectomy & fusion			Please list surgeries:
Varicose Veins			

Any other injury or condition? \_\_\_\_\_  
 \_\_\_\_\_

If yes to **any** of the above, has your doctor cleared you for your exercise program?

Yes

No

Are you currently under a physicians care, including restrictions, for **any** reason?

Yes

No

If **yes**, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Is there any additional information that your Instructor needs to know in order to keep your program as *safe and productive* as possible?  
 \_\_\_\_\_  
 \_\_\_\_\_

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**■ Client Release Form**

Name (“The Client”): \_\_\_\_\_

**Informed Consent Between The Client and 20 Minute Fitness, (“the Company”)**

I, \_\_\_\_\_, have  **Agreed to a sample workout**  **Enrolled in a program**

of physical activity, including but not limited to, body conditioning machinery used during the workouts offered by the Company. I affirm that I am in good physical condition and do not suffer from any disability that would contribute to an injury.

**Liability Waiver Between The Client and 20 Minute Fitness, (“the Company”)**

Participating in an exercise program naturally involves risk of injury to you, whether you or someone else causes it. For and in consideration of the design of an exercise program for the above named client by the Company, the client agrees:

I certify that my answers to the statements listed above are true and complete to the best of my knowledge, and that any exercise program shall be undertaken by the client at his/her sole risk, and release my instructor from all claims, injuries, damages, action or causes of action, and in consideration of my participation in any the Company workshops, workout sessions and/or classes, I release the Company from any claims, demands, and causes of action arising from my participation in an exercise program and from all acts of active or passive negligence on the part of the company, facility, its owner, agents or employees.

I fully understand that I may injure myself as a result of my participation and I release the Company from any liability now or in the future, including but not limited to, heart attacks, muscle strains, muscle pulls or tears, shin splints, heat exhaustion, knee or foot injuries, back injuries and any other illness, soreness or injury caused, occurring during or after my participation at the Company.

**The undersigned parties have read, understand, and accept the Informed Consent and Liability Waiver and terms, stated above:**

\_\_\_\_\_  
*Client's Signature*

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

**Pacific Wellness, LLC (D.B.A. 20 Minute Fitness) (“the Company”)**

By: \_\_\_\_\_

*(Company Representative Signature)*

*Date*

Title : \_\_\_\_\_