

Date _____

Trainer _____



TOTAL HEALTH CONSULTATION

Last Name _____ First Name _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Day Phone _____ Occupation _____

Married _____ Single _____ Children _____ E-Mail _____

(Staff use only below this line)

Physical Activity Readiness (Par Q)

Y

N

Are you currently taking any medications? If so, which ones? _____

Are you pregnant?

Do you frequently have pains in your heart and chest?

Do you often feel faint or have spells of severe dizziness?

Has your doctor ever said your blood pressure was high? If yes, _____

Has your doctor ever told you that you might have bone or joint problems such as arthritis that has been aggravated by exercise or might be made worse by exercise?
Problem area: _____

Is there any good physical reason not mentioned here why you should not follow an activity program even if you wanted to? If yes, what: _____

Do you have diabetes? If yes, what type? _____

Are you over age 65 and not accustomed to vigorous exercise?

If you answered YES to one or more of the previous questions, please answer the following:

Have you consulted a physician regarding increasing your physical activity and/or taking a fitness evaluation?

If you answered NO to the previous question, the YMCA asks you to consult your physician before engaging in Physical activity and/or taking a fitness evaluation.

Status

Initial

Lifestyle Assessment

Y

N

Are you presently involved in an exercise program? If yes, what is the frequency? _____

Have you ever participated in any resistance training program?

Have you ever worked with a personal trainer before?

Would you be interested in working with a Personal Trainer?

Are you currently taking any dietary supplements or vitamins?

Do you currently smoke or use tobacco products?

Do you consume more than three alcoholic beverages per day?

Do you experience a great deal of daily stress and/or tension headaches?

Do you adhere to sound nutrition guidelines?

Heart Rate: _____

Blood Pressure: _____

Body Fat %: _____

Present Weight _____ Desired Weight _____ Height _____

Informed Consent for Exercise Participation

I desire to engage in the YMCA exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardiorespiratory system and to thereby attempt to improve its function. The reaction of the cardiorespiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility and muscular strength and endurance. A specific exercise plan will be given to me, based on my needs and interests and my doctor's recommendations. All exercise programs include warm-up, exercise at target heart rate, and cool-down. The programs may involve walking, jogging, swimming or cycling (outdoor and stationary); participation in exercise fitness, rhythmic aerobic exercise, or choreographed fitness classes; or calisthenics or strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should and unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in the YMCA exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its staff members conducting the exercise program from any and all claims, suits and losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from, the exercise program.

(signature of participant)

Date

____/____/____

Please Print:

Name: _____

Date of birth ____/____/____

Address: _____

Phone#(____)____-____

Emergency Contact:

Name and Relation: _____

Phone#(____)____-____

Name of personal physician: _____

Phone#(____)____-____