

{The Crew}

FITNESS ASSESSMENT QUESTIONNAIRE

Date _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Best Phone _____ Age _____

Height _____ Weight _____

Primary Care Physician _____

Medications or Medications or supplements taken daily

Have You Experienced:

Pain or discomfort in the chest, neck, jaw, arms, or other areas
that may be due to ischemia (decreased blood flow) YES NO UNSURE

Shortness of breath at rest or w/mild exertion YES NO UNSURE

Dizziness at rest or w/mild exertion YES NO UNSURE

Shortness of breath at rest or w/mild exertion YES NO UNSURE

Edema (excessive accumulation of tissue fluid) YES NO UNSURE

Palpitations or tachycardia (sudden rapid heart beat) YES NO UNSURE

Known heart murmur (YES NO UNSURE

Unusual fatigue or shortness of breath with usual activities YES NO
UNSURE

Do you smoke? YES NO

Do you drink occasionally? YES NO

Have you been a member of a health/fitness club before? YES NO

Have you been exercising regularly for the past 6 months? YES NO

Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

15-20_____ 21-30_____ 31-40_____ 41-50_____ 51+_____

15. Are you currently involved in regular endurance (cardiovascular) exercise?
Yes___No___

If yes, please specify the type of exercise(s)_____minutes / day _____days / week

16. How often do you eat out?_____times per week.

17. I would like to:

Lose weight Gain weight Feel better Look better Live healthier

18. Please list the habits that you would like to change

19. On a scale of 1 – 10, (with 10 being very serious) how serious are you about achieving your goals?

1 2 3 4 5 6 7 8 9 10

20. Is there anything else you would like to make us aware of?

RELEASE AND WAIVER OF LIABILITY

PARTICIPATION IN ANY ACTIVITY WITHIN GOLDS GYM OR ANY OTHER RECREATION FACILITY IS AT THE SOLE DISCRETION AND JUDGMENT OF THE MEMBER AND AT HIS OR HER OWN RISK.

I, the undersigned, assume full responsibility for death, injuries, catastrophic injuries or damages which may occur to me in, on, or about the premises of the facility and do hereby fully and forever release and discharge Gold's Gym, Center for Lifestyle Medicine, employees and representatives from any and all suits, claims, damages, costs and expenses of every kind in conjunction with the use of the facilities and thereof equipment associated.

I, the undersigned, acknowledge that the Personal Training Fitness Assessment hereunder includes participation in physical activities, including but not limited to, various aerobic exercises, muscular endurance and or resistance training, flexibility and other physical measurements. I acknowledge these physical activities may be strenuous and may involve inherent risk of physical injury.

I agree to assume all risk and responsibility involved with participation in these physical activities.

I, the undersigned, certify that the information I have given on this form is complete and accurate.

Member's
Signature _____

Date _____