EMPOWER FITNESS & WELLNESS

Client Health AND INFORMATION FORM

Name | Cell Phone Number

Address | How did you hear about us?

City | State | Zip Code | Date of Birth

Email Address

Contact Person In Case of Emergency:

Name | Relationship

Address | Cell Phone Number

City | State | Zip Code

Do you feel you have any obstacles (actions, behaviors, or activities) that may impede your progress towards accomplishing your goals? i.e. inconsistency, not prioritizing your health not changing your workout program ◯ Yes ◯ No

If yes, please explain:

What is your primary goal? i.e. fat loss, general fitness, physique change

Is there any reason why you should not follow a regular exercise program? ◯ Yes ◯ No

If yes, please explain:

Are you under the care of a physician, chiropractor or other health care professional for any reason? ◯ Yes ◯ No

If yes, please explain:

Are you currently taking any medication? ◯ Yes ◯ No

Specify type and dosage:

When was your last physical exam?

Health Questions	Yes	No
Has a doctor ever said that you have heart problems?		
Have you ever had angina pectoris, sharp pain or heavy pressure in your chest as a result of exercise, walking or other physical activity such as climbing stairs?		
Have you ever experienced rapid heart action or palpitations?		
Have you ever had a real or suspected heart attack?		
Have you had any bariatric surgery procedures (gastric bypass, gastric band or gastric sleeve)?		
Do you have hypertension or high blood pressure?		
Have you ever taken any medication to lower your blood pressure?		
Have you ever taken digitals, quinine or any other drug for your heart?		
Have you even taken nitroglycerine or any other tablets (placed under your tongue) for chest pain?		
Are you currently pregnant or planning to become pregnant in the next 3 months?		
Are you currently under a great deal of stress?		
Do you have a physical condition, impairment or disability, including joint or muscle problem, that should be considered before you undertake an exercise program?		

Indicate any diseases or illnesses you have had in the past or currently have:

Asthma		Allergies		Hernia	
Bursitis		Fatigue		Low Blood Pressure	
Sinus		Epilepsy		Nervous Tension	
Shortness of Breath		Diabetes		Back Condition	
Heart Condition		Arthritis		Ulcers	
Varicose Veins		Joint Pain		Hypoglycemia	

Packs of cigarettes smoked per week _____

Cups of coffee/tea consumed per day _____

Alcoholic drinks consumed in a week _____

Cans of soda consumed in a day _____

I hereby state that I have truthfully answered all of the above questions to the best of my memory and knowledge. Should any changes in my health history change, I acknowledge it is my responsibility to information Kari Schaffner and Empower Fitness in writing immediately

Client Signature _____ Date/Time _____

Client Name (Print) _____