



7836 Telegraph Rd. Taylor, MI 48180

Health, Wellness and Lifestyle Questionnaire

Name: _____

Date: _____

Address: _____

Birthday: _____

Home Phone: _____

Age: _____

Cell Phone: _____

Sex: M / F

Work Phone: _____

Occupation: _____

Email Address: _____

Physician's Phone #: _____

Date of last Physical: _____

How did you hear about us? _____ (Word of mouth, phone book, Friend, Newsletter, other)

If you are under 18, what are your parent's names:

Mom: _____ Cell Phone: _____

Dad: _____ Cell Phone: _____

The following information is required to assess your physical fitness level and to establish your exercise prescription. Your health questionnaire and test results are confidential and will not be released to anyone other than yourself.

Have you ever experienced any of the following while walking, working or exercising?

Pain in the chest Y / N

Pain in the neck Y / N

If so, what side: _____

Pain in the lower back Y / N

If so, what side: _____

Shortness of breath Y / N

Faintness/ Light headed Y / N

Confusion/ Dizziness Y / N

Leg Pain Y / N

If so, what side: _____

Heart beat irregularities Y / N

Persistent cough Y / N



To your knowledge do you have or have you had any of the following?

Diabetes Y / N

Heart/Cardiopulmonary disease Y / N

-Heart murmur, angina, heart attack, coronary, or arteriosclerosis

Pulmonary disease Y / N

-Asthma, emphysema, bronchitis

Gout (elevated uric acid) Y / N

Thyroid, Kidney or Liver disease Y / N

Stroke Y / N

Rheumatic fever Y / N

Anemia-low red blood cell count Y / N

Hernia Y / N

Varicose Veins Y / N

AIDS or HIV Positive Y / N

Have you recently experienced any of the following:

Localized muscle soreness Y / N

Joint Stiffness Y / N

Flare-up of old injuries Y / N

Loss of local muscle strength Y / N

Noticeable loss of muscle size Y / N

Restricted joint movement Y / N

Has your personal physician indicated that you have:

High Blood Pressure Y / N *-If yes, please indicate* **Systolic** _____ **Diastolic** _____

Elevated Blood Cholesterol Y / N *-If yes, please indicate level* _____

Family history of either of the above? _____

Do you take any medication on a regular basis? If yes, please list:

Prescription

Non-Prescription



Please note any surgeries or injuries (past or present):

Foot	Left	_____	Right	_____
Ankle	Left	_____	Right	_____
Knee	Left	_____	Right	_____
Hip	Left	_____	Right	_____
Shoulder	Left	_____	Right	_____
Elbow`	Left	_____	Right	_____
Wrist	Left	_____	Right	_____
Hand	Left	_____	Right	_____
Neck	Left	_____	Right	_____
Back	Left	_____	Right	_____

Physical activity history and additional information:

Height: _____ Weight: _____ Age: _____ Current body-Fat % (if known): _____

Do you consider yourself: Over-Fat? _____ Skinny? _____ If yes to either, for how long? _____

Sleep habits (how long, how well): _____

Living arrangement (family/kids—anything that would have an effect on training, otherwise leave blank):

Job and commute (stress level, how many days a week, how many hours at work, how long a drive— anything that would have an effect on training, otherwise leave blank):

Please describe your training history (how many months or years, how consistent, what type of training, (i.e. weight training, cardio, sports, etc):



In the past three months, how often have you engaged in physical activity?

_____ **3 or more times a week** _____ **2 times a week** _____ **Less than once a week**

What's your current exercise regime (how often, how long, what type of training and training split, how much cardio, if any)?

Please indicate the present knowledge of standard gym equipment use you have:

- _____ **Novice (I have no idea how anything works)**
- _____ **Moderate (I have a general understanding)**
- _____ **Advanced (I comfortably use and/or control all equipment)**

Which days of the week are you able to train, and how much time per session?

Training goals and expectations:

What are your primary / secondary goals?



LIABILITY WAIVER

The undersigned recognizes that the use of JD Fitness's services involve an inherent risk of physical injury including that caused by the negligence of the undersigned, Joe DeMattio, William Degg, JD Fitness, or contractors and employees of REPS Gym. The undersigned hereby agrees to assume the risk of injury in its entirety regardless of the cause. Joe DeMattio, William Degg, JD Fitness, or contractors and employees of REPS Gym shall not be liable for injuries or damages to the undersigned, or the property of the undersigned, or by subject to any claim, demand, injury, death, or damages whatever, including, without limitation, those damages resulting from acts of active or passive negligence on the part of Joe DeMattio, William Degg, JD Fitness, or contractors and employees of REPS Gym for all such claims, demands, injuries, death, damages, actions, or causes of action. It is specifically agreed that Joe DeMattio, William Degg, JD Fitness, or contractors and employees of REPS Gym shall not be responsible or liable to the undersigned for articles lost or stolen in connection with Joe DeMattio, William Degg, JD Fitness, or contractors and employees of REPS Gym service's .

Print Name: _____

Signature: _____

Date: _____

If under 18 years of age, please have parents sign here:

Print Name: _____

Parent's Signature: _____

Date: _____

Cancellation Policy:

To give our staff advance notice we do require that you give us 24 hours notice for any appointments that need to be cancelled to insure that you will not be charged.

Thank you!!