Health History Intake Form

(If filling out for a minor please provide appropriate parent info)

Name: (Last, First)_____ Today's Date:_____

Address:_____City:_____Zip:_____

Cell Phone:_____ Email:_____

Birthdate: ____/____/_____ Gender: _____ How did you hear about us? _____

Emergency Contact: _____Relationship: _____ Emergency Phone#: _____

Describe your current fitness program: _____

Describe the greatest weakness/challenge with your current program: _____

Please disclose any ***current injuries*** or ***physical limitations*** you are currently working with, if any:

_____

Do you have now, or have you had:	**YES**	**NO**	***Please provide details to any questions answered "Yes"***
History of heart problems, stroke or chest pain?	☐	☐	
History of heart problems in your family?	☐	☐	
High blood pressure?	☐	☐	
Any chronic illness or condition?	☐	☐	
Difficulty with physical exercise?	☐	☐	
Advice from a doctor not to exercise?	☐	☐	
Surgical history?	☐	☐	
Arthritis, bursitis or tendonitis?	☐	☐	
Pregnancy? Due Date?	☐	☐	
History of breathing or lung problems?	☐	☐	
Diabetes or thyroid condition?	☐	☐	
Increased blood cholesterol?	☐	☐	
Based on your current lifestyle, do you:	**YES**	**NO**	***Please provide further details of current lifestyle***
Take vitamins and minerals?	☐	☐	
Maintain a healthy diet?	☐	☐	
Experience excessive fatigue or stress?	☐	☐	
Present Poor posture?	☐	☐	
Over 65yrs of age, has a doctor cleared you to exercise?	☐	☐	
If post-surgery, has a doctor cleared you to exercise?	☐	☐	

I_____ voluntarily consent to engage in a fitness program with Core Sport. I understand that in rare instances physical exercise causes dizziness, chest discomfort, nausea, joint or muscle soreness. I agree to assume all risk involved and hereby release all employees/staff from any and all health claims, suits, losses, or causes of action for damages, injury or death, including claims for negligence arising out of or related to my participation in a fitness program or assessment. I have read the foregoing carefully, and I understand its content. Any questions that may be occurred to me concerning this informed consent have been answered to my satisfaction.

_____(signature) _____(date)