



CLIENT HISTORY

NAME _____ SEX _____ DOB _____

ADDRESS _____ CITY _____

STATE/ZIP _____

PHONE # HOME ()

WORK ()

CELL()

e-mail address: _____

Name of primary care physician:

phone#: _____

Please circle your answer to ALL of the following questions.

Have you ever experienced:

High blood pressure	yes	no
Heart trouble	yes	no
Circulation problems	yes	no
Seizures	yes	no
Dizzy spells	yes	no
Problems with vision	yes	no
Asthma	yes	no
Diabetes	yes	no
Other illness	yes	no

Do you or anyone in your family have a cardiac condition? yes no

Do you have any allergies? yes no

Are you taking any prescription medication? yes no

If "yes" please list:

Are you taking any over the counter medication? yes no

If "yes" please list:

Have you ever had surgery? yes no

When eating at home, who prepares your meals?

How often do you eat at fast food restaurants?

Do you eat breakfast? yes no

Have you ever seen a nutritionist or registered dietician? yes no

Do you take a multivitamin or multimineral? yes no

Do you take any other nutritional supplements?
If so, list. yes no

Do you consistently crave any particular food?
If yes, which food?

Do you watch tv in bed? yes no

How many hours, on average, do you sleep per night?

Less than 6 hrs 6-7 hrs 7-8 hrs More than 8 hrs

When you wake, do you feel well rested? yes no

Do you smoke or use tobacco products? yes no

How much water do you drink each day?

The water I drink is primarily (circle one) tap bottled filtered

Do you drink alcohol? yes no
If so, on average, how many drinks per day/week?

Do you drink diet soda or other diet drinks? yes no

your flexibility: _____

your strength levels: _____

your balance: _____

your coordination: _____

When were you in your best overall physical health?

What do you do for recreation?

Please list three objectives you would like to accomplish by working with me at Progressive Fitness.

- 1.
- 2.
- 3.

On a 1-10 scale, 1 being not important and 10 being the most important thing in your life, please rate the importance of reaching your goals.

- 1.
- 2.
- 3.

What are you willing to do to reach your goals?

What are you willing to give up in order to reach your goals?

Who is willing to support you in the pursuit of your goals?

How did you hear about Progressive Fitness?

I understand that the intention of the Progressive Fitness is to provide individual, comprehensive health and performance programs designed to restore and improve health and function of the body. I understand that often times Progressive Fitness instructors will recommend the services of other health care practitioners, and in order to maximize my program's effectiveness, it will be necessary to follow up with those practitioners. I am aware that the path that I am embarking on is in no way a quick fix, but a long pathway back to optimal health and function. I accept that my involvement is a serious commitment and will require a dedicated effort on my part to reach my personal goals. I

understand that my failure to implement any part of my program will severely reduce my chances of long-term success.

Purchase Information:

Payment is expected at the conclusion of each session unless other arrangements have been made. Payment is for services rendered and should not be considered a membership fee.

The initial assessment and program design cost is \$_____.

Personal Training Sessions cost \$_____, per session.

Massage Therapy Sessions cost \$_____.

Sessions & Scheduling:

Clients are responsible for scheduling their sessions and will be charged for the sessions scheduled. If a client is late, they will be billed for the session and use the remaining time available. Progressive Fitness and its affiliated contractors require a 24-hour cancellation notice for all scheduled sessions. Should you fail to do so Progressive Fitness reserves the right to charge the full cost of the session. Should your trainer or therapist miss a scheduled session you will be owed a complementary session at no additional charge.

Customers Right To Cancel:

Your satisfaction is guaranteed. Should you choose to discontinue, or be unable to continue your sessions & activities with Progressive Fitness for whatever reason and there is a remainder of pre-paid sessions, simply request in writing a refund for those sessions. A refund will be provided within thirty (30) days.

Liability:

Buyer full understands and agrees that in using the facilities and services of Progressive Fitness and the independent contractors at the facility there is a possibility of accidental or other physical injury. Buyer agrees that he/she will not hold Progressive Fitness, or any representative thereof, responsible in any way for any injuries or damages. Buyer must read and sign attached "Notice Of Waiver And Assumption Of Risk" document before undergoing assessment and training with Progressive Fitness.

Name (print) _____

Signature _____

Date _____

Progressive Fitness by: _____

Date _____



NOTICE OF WAIVER AND ASSUMPTION OF RISK

Please Read Carefully

By signing this document I acknowledge that I have consulted with my doctor and he/she has approved my entry into a program of progressive physical fitness. I further acknowledge that I have voluntarily chosen to participate in Progressive Fitness's program of physical exercise, which is designed to enhance the musculoskeletal and cardiorespiratory systems. I understand that the possible strenuous nature of the program and the possibility of adverse physiological reactions which, in limited circumstances, can cause, among other conditions, high blood pressure, fainting, heart attack, and death. This is why Progressive Fitness expects you to check with your doctor and inform us of any health concerns and medications. I also understand that all exercise has an inherent risk but is still highly recommended by health professionals for most people.

By signing this document, I assume all risk regarding my health and well being and hold harmless of any responsibility Progressive Fitness, its instructors and employees. I also waive any right or claim against Progressive Fitness, its owners, instructors and employees to sue them or hold them liable for any adverse impact to my health.

I have read this carefully and understand I am giving up potential legal rights and sign it of my own free will and with full informed consent and knowledge.

Signature

Progressive Fitness

Date