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 212-689-4558

HEALTH & PHYSICAL ACTIVITY HISTORY

Today's Date ___ / ___ / ___

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____ Date of Birth: ___ / ___ / ___

How did you hear about us? _____

Physician's Name: _____ Phone: _____

Address: _____

Emergency Contact – Name / Relationship _____ Phone: _____

Health History (Please check if applicable)

	Client		Family	
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exercise 30 minutes a day	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	N/A
Family History of Heart Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Respiratory Infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smoke or use tobacco products	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	N/A

**Do you have any of the following physical conditions which might limit your physical activity?
 (Please check all applicable)**

- | | | |
|----------------------------------|---------------------------|-----------------------------|
| _____ Arthritis | _____ Ankle / Foot Injury | _____ Bone Fracture |
| _____ Shoulder / Clavicle Injury | _____ Low Back Pain | _____ Wrist / Hand / Injury |
| _____ Arm / Elbow Injury | _____ Knee / Thigh Injury | _____ Hip / Pelvic Injury |
| _____ Calcium Deposits | _____ Nerve Damage | _____ Tennis Elbow |
| _____ Upper Back Injury | _____ Head / Neck Injury | _____ Other |

If Other, please explain: _____

Has your physician ever advised you against exercise? _____ Yes _____ No

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Are you presently receiving Physical Therapy? Yes No

Are you taking any medications? Yes No

If yes, please list the name, dosage and condition prescribed for: _____

Are you currently involved in an exercise program? Yes No

If yes, please describe the program: _____

How would you rate the amount of physical activity in your daily life?

Very little Little Moderate
 Active Very Active

How would you rate the stress level of your job?

Little Moderate Stressful

When exercising (including climbing stairs), do you ever experience any of the following?
(Check all applicable):

Chest Pains Shortness of breath
 Pressure over the heart A "tired-out" feeling
 Leg Aches Dizziness

Have you ever had a stress test? Yes No

If so, date of most recent test: ____ / ____ / ____ Results: Normal Abnormal

Do you follow any diet at this time? Yes No

If so, what type?

Low Cholesterol / Low Fat Low Salt
 Reduced Calorie Liquid Diet
 Other High Protein / Low Carb

If other, please specify: _____

Do you have any home exercise equipment? Please describe: _____

Any additional information or comments before beginning your exercise program? _____

HEALTH & PHYSICAL ACTIVITY AGREEMENT

Before beginning a movement program with **In Fitness & In Health**, I _____, certify to **In Fitness & In Health** that I have fully and accurately completed the Health and Physical Activity History form presented to me by an **In Fitness & In Health** staff member; and that I have provided accurate responses to the questions as indicated on the form or asked by the **In Fitness & In Health** staff. I understand that it is important that I provide complete and accurate responses; I acknowledge that **In Fitness & In Health** has relied upon my responses in its decision regarding my movement program, and I recognize that my failure to give complete and accurate responses could lead to possible injury to myself during the program.

I have been given the opportunity to ask questions regarding the **In Fitness & In Health** Health & Physical Activity History Form and my movement program, and I have received satisfactory answers to those questions.

Generally, these requests which have been noted by the **In Fitness & In Health** staff and their responses are as follows:

I have read this Health & Physical Activity Agreement and understand all of its terms. I have provided complete and accurate information to the best of my ability regarding my current and prior physical status, including any pre-existing injuries or special medical conditions.

Participant Signature

Witness Signature

Print Name

Print Name

Date

Date