

### Information Form

Date: \_\_\_\_\_

#### General Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: \_\_\_\_\_

Email (the one most certain to reach you): \_\_\_\_\_

I would like to receive Alive’s email newsletter on topics related to wellness and healthy aging, which I can un-subscribe from at any time. Yes  No

#### Phones (circle the best number to reach you)

Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_

In case of emergency, call: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### Personal Physician:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Health Analysis:** Circle Yes or No If YES, please explain

When was your last physical? Date: \_\_\_\_\_

Are you under a physician’s care now? Yes No Explain \_\_\_\_\_

Are you taking a physician prescribed or over the counter medication? Yes No Explain \_\_\_\_\_

Do you want me to coordinate your exercise program with a physician? Yes No Explain \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Have you had any recent major illnesses?    Yes    No    Explain \_\_\_\_\_

Have you had a major or minor (outpatient) surgery in the last 5 years?    Yes    No    Explain \_\_\_\_\_

Do you have or have you ever had high or low blood pressure?    Yes    No    Explain \_\_\_\_\_

Do you or any of your family have any history of aneurysms or sudden cardiac deaths?    Yes    No    Explain \_\_\_\_\_

Are you under a physician's care, special diet, or medication?    Yes    No    Explain \_\_\_\_\_

Do you experience frequent headaches?    Yes    No    Explain \_\_\_\_\_

Do you have diabetes?    Yes    No    Explain \_\_\_\_\_

Do you have low back or neck pain, tension or fatigue?    Yes    No    Explain \_\_\_\_\_

Do you have any joint pain (shoulders, elbow, wrists, hips, ankles, etc.)?    Yes    No    Explain \_\_\_\_\_

Are you aware of any abdominal hernias, or have you had one repaired in the past?    Yes    No    Explain \_\_\_\_\_

Can you think of anything to add which I might need to know in order to keep your exercise sessions safe and productive? \_\_\_\_\_

\_\_\_\_\_

**Exercise Goals and Concerns**

What exercise and/or recreational activities are you engaged in currently? \_\_\_\_\_

\_\_\_\_\_

How would you rate your current level of physical fitness? \_\_\_\_\_

\_\_\_\_\_

The above statements are true and complete to the best of my knowledge, and hereby authorize Alive! Fitness Studio, Inc. to release information to my physician, or to request from my physician any pertinent information regarding any physical condition that I have indicated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_