



JUMP START HEALTH & FITNESS

Registration and Medical History Form

All information provided is confidential.

Client Information

Name _____ DOB ____/____/____ SEX: MALE FEMALE

Street Address _____

City _____ State _____ Zip _____

Email address: _____@_____.com

Phone number: Home () _____ - _____ Work () _____ - _____ Cell () _____ - _____

Primary Physician _____ Phone () _____ - _____ Fax () _____ - _____

Secondary Physician _____ Phone () _____ - _____ Fax () _____ - _____

Emergency Contact _____ Relationship _____

Phone number: Home () _____ - _____ Cell () _____ - _____ Work () _____ - _____

Whom may we thank for referring you? _____

Medical History

List any previous surgeries, health issues, joint problems, back problems or medical conditions that you have (examples: high blood pressure, heart attack, diabetes, etc)

Please list any prescription medications, supplements, or drugs that you take?

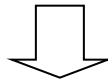
Do you smoke? Yes No

Physical Activity Readiness Questionnaire

Regular physical activity is fun and healthy. Being more active is safe for most people. However, if you have not been active, you should check with your doctor before beginning any exercise program. Please answer the following questions below honestly. It is important for us to know if you have any health conditions that can be affected by physical activity. **For your safety, we may delay your start if you are at risk.**

Please circle "Yes" or "No" for each question honestly

- | | | |
|-----|----|--|
| Yes | No | 1. Has your doctor every said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| Yes | No | 2. Do you feel pain in you chest when you do physical activity? |
| Yes | No | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| Yes | No | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| Yes | No | 5. Do you have a bone or joint problem that could be made worse by a change in your physical condition? |
| Yes | No | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| Yes | No | 7. Do you know of any other reason why you should not do physical activity?
If so, explain: _____ |



If you answered YES to one or more questions:

Talk with your doctor by phone or in person **BEFORE** you start exercise. You might need a written permission from you doctor to allow you to participate.

I have read and understand this questionnaire and have answered all questions to the best of my knowledge.

Name (Print): _____

Date: _____

Signature: _____