

# Medical History

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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City \_\_\_\_\_ Zip \_\_\_\_\_

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Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

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Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

1. Have you had a physical examination in the past year?  Yes  No

2. Have you ever had high blood pressure?  Yes  No

3. Are you currently taking any medication?  Yes  No

If Yes, what? \_\_\_\_\_

4. Are you allergic to any medications, foods or other?  Yes  No

If Yes, what? \_\_\_\_\_

5. Have you ever been hospitalized?  Yes  No

If Yes, what for? \_\_\_\_\_

6. Have you ever been told that your cholesterol or tri-glyceride level was high?  Yes  No

7. Is there a history of heart disease in your family?  Yes  No

8. Have you ever had a problem with stress?  Yes  No

9. Do you smoke?  Yes  No

10. Are currently on any type of diet to lose weight?  Yes  No

11. Have you ever had any of the following? (Please check)

Abnormal  EKG  Arthritis  Asthma  Bronchitis  Fainting  Hernia  Back pain  Diabetes

Ulcer  Chest pain  Obesity  Epilepsy  Knee problems  Scoliosis  Anorexia  Recent surgery

Emphysema  Head aches  Cramping  Heart attack  Orthopedic problems (sprain, broken bones, joint etc.)

Cardiovascular problems If "Yes" to any above, please explain:

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**Informed Consent:** The information contained above is true to the best of my knowledge. I recognize the inherent risks of participating in an exercise program and do not hold Mind Body Wellness Studio, Inc. responsible in the case of any injury resulting from participation in fitness programs.

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Date \_\_\_\_\_ Print Name \_\_\_\_\_

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Signature \_\_\_\_\_

# Physical Activity Readiness Questionnaire (PAR-Q)

The PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of the PAR-Q is a sensible first step to take if your are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problem or hazard. The PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question if it applies to you.

- 1. Has your doctor ever said you have heart trouble? .....  Yes  No
- 2. Do you frequently have pains in your heart or chest? .....  Yes  No
- 3. Has your doctor ever said your blood pressure was too high? .....  Yes  No
- 4. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse by exercise? .....  Yes  No
- 5. Do you often feel faint or have spells of severe dizziness? .....  Yes  No
- 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? .....  Yes  No
- 7. Are you over age 65 and not accustomed to vigorous exercise? .....  Yes  No

If you answered **Yes** to one or more and if you have not recently done so, consult with your personal physician before increasing your physical activity and/or taking a fitness appraisal. Tell your physician what questions you answered "yes" to on the PAR-Q. After medical evaluation, seek advice in:

- 1. Unrestricted physical activity starting off easily and progressing gradually.
- 2. Restricted or supervised activity to meet your specific needs, at least on initial basis.
- 3. Obtain a release to participate in physical activity including any special considerations/limitations.
- 4. Arrange an appointment with your personal trainer.

If you answered **No** to all questions and if you answered PAR-Q accurately, you have reasonable assurance of present state of health or:

- 1. A graduated exercise program. A development while minimizing or eliminating discomfort.
- 2. Arrange an appointment for your Personal Program!

## Client Recommendation and Informed Consent

Mind & Body Wellness Studio, Inc. strongly recommends that anyone embarking on an exercise program consult his/her physician prior to starting a program, while encouraging anyone over 40 years of age to see their physician prior to beginning any type of program in which physical exertion is involved. We also advise a scheduled consultation to discuss conditions/limitations/goals etc.

I, \_\_\_\_\_, have read and understand the above. The information that I have provided is true to the best of my knowledge. I recognize the inherent risks of participating in an exercise program and hold no responsibility to Mind & Body Wellness Studio, Inc. for any injury or complications thereof resulting from participation in these programs.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date