

*Personal Health Information*



Personal Information	
<b>Name</b>	
<b>Date of Birth</b>	
<b>Email Address</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
Measurements	
<b>Current Weight</b>	
<b>Desired Weight</b>	
<b>Waist Measurement at belly button</b>	
<b>Hip Measurement at the widest point</b>	
<b>Breast Measurement at nipple</b>	
<b>Thigh measurement midway between hip &amp; knee</b>	
<b>Arm Measurement midway between elbow and shoulder</b>	
Current Physical Activity	
<b>Circle or highlight what best describes your current level of physical activity</b>	No activity Deconditioned – just starting exercise program Light intensity – 1-3 days a week cardio only Light intensity – 1-3 days a week cardio & weights Moderate intensity – 1-3 days a week cardio only Moderate intensity – 1-3 days a week – cardio & weights Moderate intensity – 3-5 days a week cardio only Moderate intensity – 3-5 days a week – cardio & weights Intense Exercise – 6-7 days a week Other:

<b>Goals</b>	
<b>Circle or Highlight the ones that apply to you. Be truthful.</b>	I want to look better I want to be a lower size I want to be a certain weight I want lower body fat I want to exercise so I can eat my favorite foods I want to exercise to lose weight I want to exercise to become more fit
<b>When I was in the best shape of my life, I did it by doing what?</b>	
<b>I enjoy this type of exercise?</b>	
<b>I despise this type of exercise?</b>	
<b>What keeps you from working out regularly?</b>	
<b>What causes you to stop your workout and/or eating plan?</b>	
<b>How much time can you invest in exercising?</b>	
<b>I will stick with my new program because:</b>	
<b>Circle or highlight Where you want to be exercise-wise?</b>	Light intensity – 1-3 days a week cardio only Light intensity – 1-3 days a week cardio & weights Moderate intensity – 1-3 days a week cardio only Moderate intensity – 1-3 days a week – cardio & weights Moderate intensity – 3-5 days a week cardio only Moderate intensity – 3-5 days a week – cardio & weights Intense Exercise – 6-7 days a week Other:

<b>Nutrition</b>	
<b>Circle or highlight</b> <b>What best describes your eating style:</b> <b>(Please answer this with absolute honesty as it is about "preferences" and NOT what you think is most healthy.</b>	<b>High Carbohydrate:</b> Vegetarian type menu, mostly vegetables, fruits, pastas, rice etc., with very small portions of meat and dairy products <b>Mixed - Protein / Carbohydrate:</b> Meat and potato menu, larger meat/dairy servings with substantial carbohydrate , pasta, rice potato servings <b>High Protein:</b> Carnivore type menu, larger portions of meat fish, poultry and dairy products with smaller portions of carbohydrate, fruit, vegetables, etc.
<b>Gym Memberships / Exercise Equipment</b>	
<b>Where do you have memberships?</b> <b>Include gym, yoga studio, etc.</b>	
<b>Please list or send pictures of home exercise equipment.</b>	

**Medical History**

Regular exercise is associated with many health benefits. Increasing physical activity is safe for most people. However, some individuals should check with a physician before they become more physically active. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

Yes	No	1) Has a physician ever diagnosed you with a heart condition <b>and</b> indicated you should restrict your physical activity?
Yes	No	2) When you perform physical activity, do you feel pain in your chest?
Yes	No	3) When you were not engaging in physical activity, do you have shortness of breath?
Yes	No	4) Do you ever faint or get dizzy and lose your balance?
Yes	No	5) Do you have an injury or orthopedic condition (such as a back, hip, or knee problem) that may worsen due to a change in your physical activity?
Yes	No	6) Do you have high blood pressure or a heart condition in which a physician is currently prescribing a medication?
Yes	No	7) Are you pregnant?
Yes	No	8) Do you have insulin dependent diabetes?
Yes	No	9) Do you know of any other reason you should not exercise or increase your physical activity?
Yes	No	10) Do you smoke?
Yes	No	11) Do you have asthma?
Yes	No	12) Have you had any recent surgeries?
Yes	No	13) Do you have a chronic illness?



**EXERCISE RELEASE & DISCLAIMER**

Because physical exercise can be strenuous and subject to risk of serious injury, you agree that by participating in physical exercise or training activities independent or under the direction of Libby Westphal, you do so **entirely at your own risk**. You agree that you are voluntarily participating in these activities and use of these facilities and premises **and assume all risks** of injury, illness, or death. We are also not responsible for any loss of your personal property.

You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a **release of liability**. You expressly agree to release and discharge the trainer or instructor from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the trainer or instructor for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

<b>Signature:</b>	
<b>Printed name:</b>	
<b>Date:</b>	