

COMFY FITNESS

Thanks for signing up for a free fitness assessment with Comfy Fitness!

At Comfy Fitness, we strive to help all of our clients feel confident in their bodies and comfortable in their own skin. We believe this is achieved by working out in a comfortable, fun environment while obtaining the knowledge needed to exercise efficiently and effectively. We welcome all who are looking to improve their health and fitness into our studio.

Before you meet with us, we'd like to give you an idea of what to expect. A fitness assessment is a series of short exercises designed to measure your cardiovascular endurance, muscular endurance, strength, movement patterns and flexibility. Together, these give us an idea of your overall fitness level. While this is not a full on work out, it will be somewhat challenging, so please dress to sweat. Before starting the fitness assessment we will talk to you about your health history, examine your personal goals, and take measurements of your resting heart rate, blood pressure, circumference, and body composition. These measurements are incredibly valuable. They allow us to track the progress you make during your time with Comfy Fitness and make sure you are meeting your goals.

We have a lot to cover during this first meeting, so there are several documents in this packet. Please look them over, give your goals some real thought, and fill out as much as you can. We will go over each document in person as well, but we hope that receiving them now will allow you more time for thoughtfulness and preparation.

We look forward to meeting you and are excited to see you sweat!

Sincerely,
The Ladies of Comfy Fitness
Carrie, Kira, Ashley, Kris & Samee



2115 n damen ave / 312.373.0727
comfyfitness.com

Name _____

Date _____

Email _____

Phone Number _____

Goals by Importance

Please number by order of importance, one being the most important.

- _____ Muscular Endurance
- _____ Increase Cardiovascular
- _____ Reduce Weight/Size
- _____ Muscular Strength
- _____ Increase Weight
- _____ Improve Posture
- _____ Increase Flexibility
- _____ Relieve Stress
- _____ Increase Energy
- _____ Overall well-being

Top Personal Health & Fitness Objectives

Please list, in order, your top two health and fitness objectives and your reasons for them. Be specific.

1. _____

2. _____

Unhealthy Habits

Please list your top three unhealthy habits.

1. _____

2. _____

3. _____

Personal Likes

Please list three things you like about yourself (can include but not limited to physical attributes).

1. _____

2. _____

3. _____

1. Do you participate in a regular exercise program at this time? Y / N

If yes, briefly describe:

2. Can you currently walk 4 miles briskly without needing to rest? Y / N

3. Do you have current or past injuries (bone or muscle disabilities) that may interfere with exercising? Y / N

If yes, briefly describe:

4. Do you follow or have you recently followed any specific dietary intake plan and in general how do you feel about your nutritional habits?

5. Have you ever worked with a personal trainer before? Y / N

6. Have you ever performed resistance training exercises in the past? Y / N

7. What is your past experience with exercise?

8. Did you regularly play sports or participate in physical activities in your past? Y / N

If yes, briefly describe:

9. Are you currently employed? Y / N

10. What is your present occupational position?

11. What occupational physical activities are required of you?

12. Name of Company:

13. How were you referred to this program?

14. What interested you about Comfy Fitness as a place to pursue your health goals?

15. Are you interested in Nutrition or Behavioral Health Services?

Name

Date

Emergency Contact

Name

Relationship

Phone

Alt Phone

Personal Physician

Name

Phone

Present/Past History

Have you had OR do you presently have any of the following conditions?
(Check if yes)

- | | |
|---|---|
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Shortness of breath at rest or mild exertion |
| <input type="checkbox"/> Recent operation | <input type="checkbox"/> Chest pains |
| <input type="checkbox"/> Edema (swelling of the ankles) | <input type="checkbox"/> Palpitations or tachycardia (unusually strong or rapid heartbeat) |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Intermittent claudication (calf cramping) |
| <input type="checkbox"/> Injury to back or knees | <input type="checkbox"/> Pain, discomfort in the chest, neck, jaws, arms or other areas |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Known heart murmur |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Unusual fatigue or shortness of breath with usual activities |
| <input type="checkbox"/> Lung disease | <input type="checkbox"/> Temporary loss of visual acuity or speech, or short term numbness or weakness in one side, arm or leg of your body |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Depression, anxiety, and/or chronic stress |
| <input type="checkbox"/> Fainting or dizziness | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> High cholesterol | |
| <input type="checkbox"/> Orthopnea (the need to sit up to breathe comfortably) or paroxysmal (sudden, unexpected attacks) or nocturnal dyspnea (shortness of breath at night) | |

1. Do you smoke? Y / N

Amount per day:

Age when started smoking:

2. What is your body weight now?

What was it one year ago?

At 21?

3. Date of last physical examination by a physician?

4. List the medications you are presently taking:

Health/Medical Questionnaire, Continued

Family History

Have any of your first degree relatives (parent, sibling, or child) experienced the following conditions?
(Check if yes) In addition, please indicate age at which condition occurred.

- | | |
|---|--|
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Heart operation | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Congenital heart disease | <input type="checkbox"/> Other major illnesses
(please describe): |
| <input type="checkbox"/> High blood pressure | |

Release of Liability

- In consideration of being allowed to participate in the personal fitness training activities and programs of Comfy Fitness, Inc. and to use its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release, and discharge Comfy Fitness, Inc. and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned of others acting on their behalf, arising out of or connected with my participation in any activities, programs, or services of Comfy Fitness or the use of any equipment at various sites, including home, provided by and/or recommended by Comfy Fitness.
(Please Initial: _____)
- I have been informed of, understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
(Please Initial: _____)
- I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs, and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs, and use of equipment.
(Please Initial: _____)
- I understand that Comfy Fitness providing and maintaining an exercise/fitness program for me does not constitute an acknowledgment, representation or indication of my physiological well-being or a medical opinion relating thereto.
(Please Initial: _____)

Signature

Date

Trainer's Signature