

# ELEVATE FITNESS

## Health History Questionnaire HHQ

Welcome to Elevate Fitness Greenwich. Our mission is to address each individual body as a unique instrument. We offer the opportunity of a well-balanced, safe, effective, and efficient workout. Uniquely versatile, we offer a wide range of training programs that can be specifically adapted to the needs of each individual. All of our private and semi-private programs are taught by a member of our talented and highly qualified professional team. We look forward to helping you!

In order to design a safe and effective fitness program it is important that you complete the following Health History. It is crucial that you answer ALL the questions honestly and to the best of your ability. Please be advised that all information is kept strictly confidential.

Name: _____	Home: _____
Email: _____	Cell: _____
Address: _____	
City: _____	State: _____ Zip: _____
Referred by: _____	
Emergency contact: _____	Email: _____ Phone #: _____
Date of birth: _____	Age: _____ Weight: _____ Height: _____

- | A. Check the appropriate response. Read all questions thoroughly.                         | Yes   | No    |
|---|-------|-------|
| 1. Has the doctor ever told you that you have heart problems?                             | _____ | _____ |
| 2. Has the doctor ever told you that you have high blood pressure?                        | _____ | _____ |
| 3. Have you had a stroke or heart attack?   | _____ | _____ |
| 4. Have you ever had pain in your chest?  | _____ | _____ |
| 5. Do you ever feel faint or have dizzy spells?   | _____ | _____ |
| 6. Have you had surgery in the last 6 months?   | _____ | _____ |
| 7. Do you or in the last 6 months smoked on a regular basis?                              | _____ | _____ |
| 8. Do you have any family history of Cardio Vascular Disease or other serious conditions? | _____ | _____ |

- B. Check the appropriate conditions.
- |                |                 |                        |
|----------------|-----------------|------------------------|
| Diabetes _____ | Epilepsy _____  | Blood Pressure _____   |
| Asthma _____   | Arthritis _____ | High Cholesterol _____ |
| Heart _____    | Pregnancy _____ |                        |

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C. Have you injured or have pain in the following areas? Check the appropriate lines.

Neck \_\_\_ Upper back \_\_\_ Shoulders \_\_\_  
Elbows \_\_\_ Lower back \_\_\_ Hips \_\_\_  
Wrists \_\_\_ Knees \_\_\_ Ankles \_\_\_

If yes, please explain:

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D. Are you currently taking any medication? Yes \_\_\_ No \_\_\_

If you checked "yes" please list medication, dosage, and for what condition.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Condition \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Condition \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Condition \_\_\_\_\_

E. What is your current exercise level?

None \_\_\_ 2-3 times/week \_\_\_ 4-5 times/week \_\_\_

What type? \_\_\_\_\_

F. How would you rate your stress level on a daily basis?

Low \_\_\_ Moderate \_\_\_ High \_\_\_

G. Estimate how many hours of sleep you get each night. \_\_\_\_\_

H. What are your exercise goals? Number the following according to their importance to you. (1-7 high to low)

Weight Loss \_\_\_ Weight Gain \_\_\_ Stress Reduction \_\_\_

Other \_\_\_ Posture \_\_\_ Increased Strength \_\_\_

Cardiovascular Conditioning \_\_\_

I. Are you currently following any type of special diet? Please check appropriate lines.

Reduced Calorie \_\_\_ Increased Calorie \_\_\_ Low Fat \_\_\_

Low Cholesterol \_\_\_ Low Salt \_\_\_ Low Carb \_\_\_

Other \_\_\_

J. Are there any other reasons (health or personal) that may limit or prevent you from exercising?

**Please be advised that certain health restrictions may require you to obtain medical clearance from your physician before training can begin.**

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## Elevate Fitness Directives:

1. The duration of one session is one hour or one half hour.
2. The exercise sessions are individually monitored with continuous supervision and instruction.
3. For optimum results we recommend 2-3 sessions per week.
4. Please wear comfortable workout clothes that enable you to move freely.
5. A complete and accurate health history questionnaire is required before exercise can begin.
6. Please inform the trainer if you experience and discomfort, dizziness, lightheadedness, or blurred vision during the course of your session.
7. Some of the training requires hands on, if this is uncomfortable for you in any way, please let us know.

Initial \_\_\_\_\_

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in the Health & Fitness Classes, Programs or Workshops, offered by Elevate Fitness, LLC., during which I will receive information and instructions about health and fitness. I recognize that fitness programs require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Health & Fitness Classes, Programs or Workshops. I represent and warrant that I am physically fit and I have no medical conditions, which would prevent my full participation in the Exercise Classes, Health Programs or Workshops.
3. In consideration of being permitted to participate in the Health & Fitness Classes, Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown which might occur as a result in participating in the program.
4. In further consideration of being permitted to participate in the Health & Fitness Classes, Programs or Workshops, I knowingly, voluntarily and expressly waive any claim to sue Elevate Fitness LLC., and/or independent contractors for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives' forever release, waive, discharge and covenant to sue Elevate Fitness LLC. for any injury or death caused by negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

If participant is under 18 : As Legal Guardian of \_\_\_\_\_, I  
Consent to the above terms and conditions.

\_\_\_\_\_  
Signature of Parent/Guardian of Participant

Trainers Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Trainer requires 24 hour advance notice on all cancellations, or you will be charged for the session.** A missed session will be regarded as a cancellation. All sessions **MUST** be used within 6 months of purchase. After the 6 months laps the session will be terminated. We appreciate your understanding and cooperation.