

Lewis Personal Training Application
Bill Lewis, BS, MES

Client Information

Name: _____ Birth Date: _____

Height: _____ Weight: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s)

Home: _____ Work: _____ Cell: _____

Email: _____

Employer: _____

Occupation: _____

Primary Care Physician: _____

Primary Care Physician Phone: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s)

Home: _____ Work: _____ Cell: _____

Health & Medical History

1. Please indicate if you currently have or if you have ever had any of the following health conditions

(please check appropriate box):

- | | |
|---|---|
| <input type="checkbox"/> Heart Disease/Coronary Artery Disease | <input type="checkbox"/> Unexplained Dizziness/Fainting |
| <input type="checkbox"/> Irregular Heart Beat/Other Heart Condition | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Joint Dislocation |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Neurological Disorder |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Musculoskeletal Disorder |
| <input type="checkbox"/> Broken Bone(s) / Fracture(s) | <input type="checkbox"/> Autoimmune Disorder |
| <input type="checkbox"/> Currently Pregnant | |

2. If you checked any of the above conditions, please provide a brief explanation and describe whether or not your physician has provided recommendations regarding exercise participation.

3. Are there any other health conditions, not listed above, that we should be aware of? If so, please list and explain below.

4. Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke or cardiovascular disease before the age of 55? ☐ Yes ☐ No

If you answered yes, please state who and what age they were diagnosed below.

5. Has anyone in your family died from a heart attack or any other form of coronary artery disease? ☐ Yes ☐ No

If yes, please state who and how old they were in space below.

6. Have you had any surgical procedures? ☐ Yes ☐ No

If yes, please describe what they and when were they performed in space below.

7. When were you last time you visited your physician for a physical examination?

8. Are you allergic to latex, such as latex exercise bands? ☐Yes ☐No

Do you have other allergies we should be made aware of? If yes, please note below.

9. Do you currently smoke ☐Yes ☐No

If you recently quit, have you smoked within the last six months? ☐Yes ☐No

10. Are you currently taking any prescribed medications? ☐Yes ☐No

If yes, please list any medications, dosage, frequency and what you are taking them for in space below.

11. Do you have any other injuries, physical/personal limitations or pre-existing medical conditions that you have not yet indicated? If so, please list and provide an explanation in space below.

Lifestyle

1. Which of the following best describes your current activity level? (check one)

☐Sedentary (no regular, consistent activity)

☐Minimally Active (1 – 2 days a week of exercise)

☐Moderately Active (3-4 days a week of exercise)

☐Very Active (5 or more days a week of exercise)

2. How many hours a week do you work? (check one)

☐I do not work ☐Less than 20 hours ☐20 – 40 hours ☐40 hours or more

3. Are you on any sort of special diet and/or do you take any nutritional supplements? ☐Yes ☐No

If yes, please describe below.

4. How would you rate your overall stress level? (check one)

☐ No stress ☐ Mild stress ☐ Moderate stress ☐ Severe stress

5. Briefly describe your health and fitness goals as well as why you are interested in and have sought the services of working with a personal trainer. (Use back of sheet if more space is needed)

Waiver of Liability/Informed Consent

I, _____, the undersigned, hereby acknowledge that my decision to work with Lewis Personal Fitness Training is elective and a voluntary choice I have made at my sole discretion and judgment, and I assume all risks associated with choosing to do so. I acknowledge to the best of my ability, that I am in good health and have no known medical or physical problems that would restrict my ability to participate in a personal training exercise program with Lewis Personal Fitness Training. I acknowledge I have been evaluated by my primary care physician and have had a physical examination and have obtained medical clearance from my physician to exercise prior to participation in a personal training program with Lewis Personal Fitness Training.

Signed: _____ Date: _____

Policy Acknowledgement

I recognize and understand in working with a personal trainer I may participate in activities that may include but are not limited to cardiovascular exercise, flexibility training, muscle strengthening and stabilization. I also acknowledge that my fitness program may involve the use of a variety of equipment and that use of fitness equipment, as well as participation in other non-equipment based/functional activity exercises, are potentially hazardous. Physical activity carries with it a risk for potential injury and I recognize that I am voluntarily electing to participate in personal training with Lewis Personal Fitness Training and assume all risk and responsibility for the potential dangers that may result.

I additionally recognize that during participation in this personal training program, physical contact and positioning of my body may occur to assess my muscular reactions to certain exercises as well as to ensure I am using proper technique and body alignment. I also recognize that assisted manual stretching exercises or body composition assessments that may be performed would also require physical contact. For the reasons listed, I consent to the physical contact required for the completion of these assessments.

In consideration of my application for participation in this exercise program, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release all rights and claims for damages including those for negligence that I may have against Lewis Personal Fitness Training as well as the facilities in which my participation in this personal training program take place. I understand injury can occur and I assume all risk thus releasing the aforementioned from negligence and all additional claims involved with my participation.

Initial _____

Cancellation Policy

A 12-hour cancellation policy is required for all personal training appointments with Lewis Personal Fitness Training. Appointments cancelled with more than a 12-hour notice will be rescheduled and will result in no charge to the client. Less than a 12-hour cancellation will result in the client being held responsible for the payment of the full price of the appointment cancelled. The only exceptions to the assessment of this cancellation fee are unforeseen emergencies and unexpected illnesses.

Initial_____

Appointment & Payment Information

Working with Lewis Personal Fitness Training will occur at the following location: 429 F Street, Suite 4, Davis, CA 95616. Payments are to be made payable by check to Bill Lewis. Credit cards are not accepted. I understand the charge is \$_____per session and that each session is_____minutes long.

Payments are to be made at the time of the appointment unless other arrangements have been discussed or made with Lewis Personal Fitness Training.

Initial_____

Signature

I certify that the information contained in this application is true and accurate to the best of my knowledge. I agree to all of the above and wish to proceed with beginning a personal training program with Lewis Personal Fitness Training.

Client Signature

(Parent or guardian must sign if participant is between 14-18 years old)

Date

Please fill out and bring the completed form with you on your initial visit.

Lewis Personal Training
429 F St. Suite 4, Davis, CA 95616
Ph: (916)765-0074
www.LewisPersonalTraining.com