



# HEALTH HISTORY

## MEMBER INFORMATION

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Last 4 of SSN #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Does your physician know you are participating in this exercise program? \_\_\_ Yes \_\_\_ No

Describe your current exercise program. \_\_\_\_\_

How long have you been thinking about joining an exercise program? \_\_\_\_\_

### CHECK ALL THAT ARE APPLICABLE TO THE MEMBER:

- Elevated blood pressure
- Surgery in the last 12 months
- Advice from physician not to exercise
- History of heart problems, chest pain or stroke
- Pregnancy now or within the last 3 months
- Hernia or any condition that may be aggravated by lifting weights
- Difficulty with physical exercise
- Increased blood cholesterol
- Diabetes or thyroid condition
- History of heart problems in immediate family
- History of breathing or lung problems
- History of smoking, alcohol or drugs

16. What medications are you taking? \_\_\_\_\_

17. What are your goals for a fitness program? \_\_\_\_\_

### AGREEMENT AND RELEASE OF LIABILITY

1) In consideration of being allowed to participate in the activities and programs of Brickhouse Cardio and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Brickhouse Cardio, Brickhouse Cardio and their officers, agents, employees, representatives, executors and all others (Brickhouse Cardio representatives) from any and all responsibilities or liabilities from injuries or damages arising out of or connected with my attendance at Brickhouse Cardio, my participation in all activities, or any act of omission, including negligence by Brickhouse Cardio representatives. (Initials \_\_\_\_\_)

2) I understand and am aware that strength training, flexibility and aerobic exercise are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Initials \_\_\_\_\_)

3) 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 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 an exercise /fitness activity or in the use of exercise equipment and machinery. 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 and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination, and been given my physician's permission to participate, or that I have decided to participate in activities without the approval of my physician and do hereby assume all responsibility for my participation and activities. (Initials \_\_\_\_\_)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_