



Mobile Massage and Fitness

In-Home Massage Therapy and Personal Training

www.mobilemassageandfitness.com

(206)579-7960

Medical History Form:

Name: _____ Today's date: _____

Phone: _____ Email: _____

Date of Birth: _____ Gender: M F

Check any of the following that apply to you:

- | | |
|--|---|
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Shortness of breath at rest | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Fainting or dizzy spells | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Leg/foot problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Low back pain problems |

Check any of the following which apply to your FAMILY

- | | Who | / | Age |
|--|-----|---|-----|
| <input type="checkbox"/> Heart attack | | / | |
| <input type="checkbox"/> High blood pressure | | / | |
| <input type="checkbox"/> High cholesterol | | / | |
| <input type="checkbox"/> Diabetes | | / | |
| <input type="checkbox"/> Stroke | | / | |

Do you have discomfort, shortness of breath or pain with moderate exercise? NO/ YES

If "YES" please explain:

Do you have any physical limitations which should be considered before undertaking an exercise program? NO /YES

If "YES" please explain

Medications:

Are you on any medication(s) that might affect your ability to exercise safely? (For example, medications that affect your heart or circulation, blood pressure, blood sugar, lungs, breathing or joint pain.)?

NO/ YES

Comments:

Please list any medications you are taking:

Activity:

How would you classify yourself physically now?

- | | |
|--|--|
| <input type="checkbox"/> Competitive athlete | <input type="checkbox"/> Inactive |
| <input type="checkbox"/> Very active | <input type="checkbox"/> Very inactive |
| <input type="checkbox"/> Active | <input type="checkbox"/> Extremely sedentary |
| <input type="checkbox"/> Moderately active | |

Describe your current exercise/activity habits:

Types of exercise/ activity:

Days per week:

Minutes per day:

What types of activity do you enjoy?

What types of activity you do NOT enjoy?



Mobile Massage and Fitness

In-Home Massage Therapy and Personal Training

(206)579-7960

Personal Training Form:

Additional Information:

Reasons for seeking training:

Goals:

- 1.
- 2.
- 3.

Additional questions:

Tell me a little about your exercise history. Why did you stop your last exercise program?

What kind of activities do you like?

How much time do you think you can devote to an exercise program each week?

What is most helpful thing you see me being able to do for you?



Mobile Massage and Fitness

In-Home Massage Therapy and Personal Training

(206)579-7960

Waiver & Release Form:

Because physical exercise can be strenuous and subject to risk of serious injury, your personal trainer urges you to obtain a physical examination from a doctor before beginning any exercise or training program. You agree that by participating in these physical exercise sessions or personal training activities, you do so **entirely at your own risk**. This includes, without limitation, (a) your use of all amenities and equipment in the facility and any off site location and your participation in any activity, class, program, personal training or instructions, (b) the sudden and unforeseen malfunctioning of any equipment (c) our instruction, training, supervision, or dietary recommendation. You agree that you are voluntarily participating in these activities and use of these facilities and premises **and assume all risks of injury**. You expressly agree to release and discharge your personal trainer or instructor, and from any and all claims or causes of action. This waiver and release of liability includes, without limitation, all injuries to you which may occur, **regardless of 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.

You acknowledge that you have carefully read this waiver and release and fully understand that it is a **release of liability**. You agree to voluntarily give up any right that you may otherwise have to bring a legal action against the personal trainer or instructor for negligence, or any other personal injury or property damage or loss action.

Signed: _____

Printed Name: _____

Date: ___/___/___



Mobile Massage and Fitness

In-Home Massage Therapy and Personal Training

www.mobilemassageandfitness.com

(206)579-7960

24 Hour Appointment Cancellation Policy

Mobile Massage Therapy and Fitness, LLC has a 24 hour cancellation / rescheduling policy.
A \$45 charge will apply if you miss your appointment or cancel or change your appointment with less than 24 hours' notice.

This policy is in place out of respect for our trainers and clients. Cancellations with less than 24 hour notice are difficult to fill. By giving last minute notice or no notice at all, you prevent someone else from being able to schedule into that time slot.

By signing below, you acknowledge that you have read and understand the Cancellation Policy for Mobile Massage Therapy and Fitness, LLC as described above.

Thank you for your understanding and cooperation.

Printed name

Signature

Date