



visit our website: www.triggerpoints.info

Jeff Widmann, LMT, CPT, RYT #1757

704-332-7700

Today's Date: _____

Personal Training Intake Form — Confidential Information. Please fill-out, print and bring this form to your appointment.

Name _____ Date of birth _____

Address _____

email _____ providing your email address subscribes you to our specials and discounts mailing list. Thank you!

City _____ State _____ Home Phone/Cell Phone _____

Work Phone _____ Occupation _____

Have you ever used Personal Trainer? Yes No

Results: _____

Are you currently taking any medications? Yes No

If yes, please list name and reason for medications): _____

Are you currently seeing a healthcare professional? Yes No If yes, please list names and reason/treatment: _____

Please review this list and check those conditions that have affected your health recently or in the past. Place an x next to the condition.

- | | | |
|--|---|---|
| <input type="checkbox"/> arthritis | <input type="checkbox"/> hepatitis (A, B, C, other) | <input type="checkbox"/> heart conditions |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> skin conditions | <input type="checkbox"/> back problems |
| <input type="checkbox"/> blood clots | <input type="checkbox"/> stroke | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> broken/dislocated bones | <input type="checkbox"/> surgery | <input type="checkbox"/> insomnia |
| <input type="checkbox"/> bruise easily | <input type="checkbox"/> TMJ disorder | <input type="checkbox"/> muscle strain/sprain |
| <input type="checkbox"/> cancer | <input type="checkbox"/> depression, panic disorder, anxiety, | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> chronic pain | <input type="checkbox"/> other psych condition | <input type="checkbox"/> scoliosis |
| <input type="checkbox"/> constipation/diarrhea | <input type="checkbox"/> diverticulitis | <input type="checkbox"/> seizures |
| <input type="checkbox"/> auto-immune condition* | <input type="checkbox"/> headaches | <input type="checkbox"/> whiplash |
| | | <input type="checkbox"/> chemical dependency (alcohol, drugs) |

(*AIDS, fibromyalgia, chronic fatigue, lupus, etc.)

If any of the above needs to be detailed or if there is anything else to share, please do so: _____

Reason(s) for seeking a fitness program (check all that apply)

- Lose fat/inches
 Weight loss
 Reduce stress
 Gain muscle
 Better posture
 Build strength
 Energy
 Sports
 Specific conditioning
 Flexibility
 Rehabilitation
 Cardio
 Healthy Living/Nutrition

Other _____

How soon do you hope to reach your goals? _____

Please tell me about your lifestyle:

How many meals do you eat per day, including snacks? _____

How often do you eat fast or restaurant food? _____

What is your alcohol consumption? _____

What is your coffee consumption? _____

Are you a current or previous smoker? _____

What is your soft drink consumption? _____

Do you take vitamins/supplements? _____

How many hours of sleep do you get each night? _____

How much water do you consume daily? _____

Do you lead a stressful lifestyle? _____

How many hours do you work per day/week? _____

How stressful is your work life? _____ Not at all _____ Low _____ Moderate _____ High _____ Very high

How stressful is your personal life? _____ Not at all _____ Low _____ Moderate _____ High _____ Very high

How would you describe your daily energy level? _____ Not at all _____ Low _____ Moderate _____ High _____ Very high

Please rate your current physical condition: (very poor) 1 2 3 4 5 6 7 8 9 10 (outstanding)

Please list all athletic/exercise/sports activities (within the last year) _____

Please list past athletic/exercise/sports activities _____

What is your current exercise program? Please list type(s) of exercise, duration and days per week _____

Do you or have you ever experienced dizziness while exercising? _____

What days/times are typically best for you to schedule training sessions? _____

Please list any current injuries or areas of pain. Please also list any past injuries you've had in your lifetime. Please be specific.



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Agreement of Release and Waiver of Liability

Advanced Therapeutics Pain Relief and Wellness Center

I, _____, hereby agree to the following:

1. That I am participating in the Fitness, Yoga classes, Health Programs, Massage Therapy or Workshops offered by **Advanced Therapeutics Pain Relief and Wellness Center**, during which I will receive information and instruction about yoga and health. I recognize that fitness training and classes and yoga require physical exertion that 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 Fitness, Yoga classes, Health Programs, Massage Therapy or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Fitness, Yoga classes, Health Programs, Massage Therapy or Workshops.
3. In consideration of being permitted to participate in Fitness, Yoga classes, Health Programs, Massage Therapy or Workshops, I agree to assume full responsibility for any risks, injuries or damages, know or unknown, which I might incur as a result of participating in the programs.
4. In further consideration of being permitted to participate in Fitness, Yoga classes, Health Programs, Massage Therapy or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against **Advanced Therapeutics Pain Relief and Wellness Center** for injury or damages that I may sustain as a result of participating in the programs.
5. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue **Advanced Therapeutics Pain Relief and Wellness Center** for any injury or death caused by my 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

email

providing your email address allows us to send you specials, coupons and updates. Thank you.