

Personal Health Profile



Name

Date of Birth Gender M F

Email Address

Contact Phone (w) (m)

Emergency Contact

Have you ever suffered from or taken medication for at any time for

High blood pressure, stroke or any form of heart complication? No Yes

Asthma or any form of lung or airway restriction or obstruction? No Yes

Diabetes? No Yes

Elevated Cholesterol? No Yes

Epilepsy, seizures of any kind or fainting? No Yes

Are you, or do you have reason to believe you are pregnant? No Yes

Is there any other physical reason that might prevent you from or alter your participation in an exercise program? No Yes

Do you suffer from any allergic conditions? No Yes

Are you currently taking any form of prescribed medication? No Yes

Do you suffer from any joint or soft tissue injuries? No Yes

Do you smoke or have you quit smoking in the last two years? No Yes

Are you currently dieting or fasting? No Yes

If you answered YES to any of the above, Please provide details

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What are your primary health goals or concerns?

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How motivated are you to achieve these goals?

Low 1 2 3 4 5 High

What do you currently do for exercise?

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How often do you currently exercise?

At least 3x/Week Once or Twice/Week Sporadically Not at all

Assumption of Risk

Participation in physical activity always involves the risk of injury, whether caused independently or by someone else. Risks vary from minor to major injuries including death. In consideration of my participation in training, including conduction of the activities offered by Breathe Fire, I understand and voluntarily accept this risk and agree that Breathe Fire, and their employees will not be liable for any injury, including without limitation, personal bodily or mental injury. I also confirm I have no medical reason, impairment or disability that prevents me from undertaking Personal Training. I undertake to disclose any health or medical concerns, including pregnancy with the Breathe Fire trainers prior to my next session and, if requested, will seek medical advice before continuing the use their services. By signing below I acknowledge and agree that I have read the foregoing and agree to these terms.

Signature: _____ Date: _____