

GRIDIRON, Inc.

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Date _____

Name _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

E-mail _____ **Best place to leave a message?** _____

Age _____ Weight _____ Height _____ Married Single

Physician's Name _____ Phone _____

Last Physical _____

Employer _____ Occupation _____

Spouse's/Partner's Name _____

Person to call in an emergency _____ Phone #: _____

How did you hear about GRIDIRON, Inc.?

Your Exercise History

I currently have a health club membership with _____

I currently work out on my own; my workout routine is _____

Have you ever participated in personal training? Yes No

If yes, with whom and how long? _____

What sports or recreational activities are you involved in?

Currently _____

Past _____

Future _____

Please initial: _____

Please list any personal barriers you have that might keep you from exercising:

How **committed** are you to your health and fitness *at this time*?
From **1 to 10** I am a _____ (1 is least; 10 is most)

Describe your *ideal* Personal Trainer: _____

Your Experience with Physical Therapy/Chiropractic:

Have you ever participated in Physical Therapy/Chiropractic? Yes No

When: _____ Where: _____

Physical Therapist/Chiropractor: _____ Phone: _____

Reason _____

Results Achieved _____

Your Schedule:

How long is your work day? _____ Are your work hours Fixed Flexible

Do you regularly travel out of town for work pleasure If yes, how much? _____

If applicable, how much time do you spend taking care of children or teenagers?

Minimal amount of time Medium amount of time A large amount of time

Are there factors in your personal or work schedule that could make it a challenge to *exercise consistently*?

If you could fit your workout ideally into your life, what would it look like? (Describe how and when):

Please initial: _____

Your Medical Information:

Do you have any of the following Health Conditions	Check if YES for You	Check if YES for Your Family	When/ Notes
Anemia			
*** Aneurysms			
*** Asthma			
Arthritis			
Allergies or sinus			
Attention Deficit/Hyper-activity Disorder			
*** Cancer			
Carpal Tunnel Syndrome			
*** Coronary Artery Disease			
Chronic Fatigue Syndrome			
Chronic Obstructive Respiratory Disease			
Crohn's Disease			
Diabetes Mellitus			
Pre-Diabetic			
*** Dizziness			
*** Fainting			
Fibromyalgia			
GI Problems			
Heart condition			
Headaches			
Hernia			
High Cholesterol			
*** High Blood Pressure			
*** Hypoglycemia			
Irritable Bowel Syndrome			
Low back pain			
Lymphoma			
Menstrual Irregularities			
Menopause			
Multiple Sclerosis			
Pre-Menopause			
Post-Menopause			
Neck pain			
Overweight			
Obesity			
Osteoarthritis			
Osteoporosis			
Rheumatoid Arthritis			
Rotator Cuff Injury			
*** Stroke			
Spinal Injury			
Tendonitis			
Thyroid Condition			
Varicose Veins			

If you answered yes to any of these questions, has your doctor given you permission to exercise?

Yes No

Please initial: _____

Please list any **medications** you are taking _____

Please list any **vitamins or dietary supplements** you are taking _____

Please list any **surgeries or broken bones** you have had _____

Please list any areas of **muscular or joint pain** _____

Are you pregnant? Yes No Are you planning on becoming pregnant soon? Yes No

Is there any additional information we should know to keep your program *safe and productive*?

Do you smoke? If Yes, how much: _____

Have you ever had a stress test? If Yes, When and Where: _____

Nutrition:

_____ cups of coffee _____ cups of tea _____ cans of soda _____ cups of water

Estimate the number of alcoholic beverages consumed **per week**:

_____ bottles of beer _____ glasses of wine _____ mixed drinks

How many meals do you eat **per day**: _____

Do you usually eat breakfast? Yes No

Please describe a typical day of eating. List all foods and beverage intake, please include candy, mints, gum, etc.:

Morning: _____

Daytime: _____

Nighttime: _____

Snacks: _____

Please initial: _____

Physical Activity Information:

Are you currently involved in any fitness activity? Yes No

Which would best describe your type of Fitness Activity?

_____ VERY LITTLE EFFORT:(bowling, archery, very slow walking, golfing with a cart)

_____ LIGHT EFFORT:(golf pulling a cart, swimming slowly, walking 2-3 mph, bicycling 5-7 mph)

_____ MODERATE EFFORT:(Golf carrying clubs, swimming 25 yds/min, social tennis, moderate aerobic dance, walking 4 mph, bicycling 8-11 mph)

_____ VIGOROUS EFFORT:(running 5-6 mph, bicycling 11 + mph, vigorous aerobic dance, swimming 50 yds/min, rowing, social basketball)

_____ EXTREMELY VIGOROUS EFFORT:(running 7+ mph, competitive sports, singles tennis, racquetball, cross country skiing, other high heart rate activities)

How frequently do you participate in cardiovascular exercise (running, walking, cycling, swimming, rowing, etc.) ? _____ Not at all _____ Less than once per week _____ 1-2x/wk _____ 3-4x/wk _____ Greater than 4x/wk

When you exercise, how long is each session?

_____ Up to 10 min _____ 10-20 min _____ 20-30 min _____ 30+ min

Are you presently involved in any weight training activities?

Yes No If Yes, What activities and How often: _____

What type of work do you do? _____

What are the physical demands of your job? _____

Personal Goals (list desired improvements, i.e. Strength, Size, Speed, Weight gain/loss, etc.)

1. _____

2. _____

3. _____

Please initial: _____

Legal Stuff:

LIABILITY WAIVER

I, _____, certify under penalty of perjury that the answers to the statements listed above are accurate and complete. All information concerning any health issues or preexisting conditions which might affect my ability to participate in an exercise program have been included in my answers to the health questionnaire listed above. I also understand that participating in an exercise program involves risk of injury whether myself or someone else causes it.

I agree that all exercises and exercise modalities SHALL BE UNDERTAKEN BY ME AT MY SOLE RISK, and neither **GRIDIRON, Inc., its owners, agents or employees** shall be held liable for any claims, demands, or causes of action arising from my participation in an exercise program.

I fully understand that I may injure myself as a result of my participation in this program. Further, I waive and release any and all claims whatsoever on or against **GRIDIRON, Inc., its owner, agents and employees** from any liability now or in the future, including but not limited to, heart attacks, muscle strains, muscle pulls or tears, shin splints, heat exhaustion, knee or foot injuries, back injuries and any other illness, soreness or injury caused, occurring during or after my participation at **GRIDIRON, Inc.** **This waiver and release shall be binding upon me and my successors, heirs, administrators, executors, and assigns.**

I AFFIRM THAT I HAVE READ AND UNDERSTAND THESE TERMS AND CONDITIONS.

Client Print Name: _____

Client Signature: _____

Date: _____

Parent/Guardian: _____

Date: _____