

Top Level Fitness Health History Questionnaire

First Name _____ Last Name _____

Cell Phone (_____) _____ I was referred by _____

Address _____ City _____ Zip _____

Email _____ Date of Birth: ____/____/____

Occupation _____ Company _____

Emergency Contact _____ Cell Phone _____

How Did You Hear About Us: (please be specific): _____

Please answer all of the questions openly and honestly. Your answers will be kept confidential and will be used to best help you achieve your fitness goals.

Lifestyle Related Questions:

Do you smoke? YES NO If yes, how much per day? _____

Do you drink alcohol? YES NO If yes, how many glasses per week? _____

How many hours do you regularly sleep at night? _____

Please classify your job (circle one): SEDENTARY ACTIVE PHYSICAL DEMANDING

Does your job require travel? YES NO

On a scale of 1-10, how would you rate your stress level? (1 = very low, 10 = very high) ____

List your 3 biggest sources of stress:

1. _____ 2. _____ 3. _____

Is anyone in your family overweight? Yes No

 If YES, who? _____

Were you overweight as a child? YES NO

Fitness Related Questions:

When were you in the best shape of your life and what were you doing at that time?

Have you been exercising consistently for the past 3 months? YES NO

If NO, when did you first start thinking about getting in better shape? _____

What, if anything, stopped you from exercising in the past? _____

On a scale of 1-10, how would you rate your present fitness level? (1=Worst, 10=Best) ____

Nutrition Related Questions:

On a scale of 1-10, how would you rate your nutrition? (1=very poor, 10=excellent) _____

How many times a day do you usually eat (including snacks)? _____

Do you skip meals? YES NO

Do you eat breakfast daily? YES NO

Do you eat late at night? NEVER SOMETIMES OFTEN

If YES, what do you typically eat? _____

What activities do you engage in while eating? (TV, reading, ect.) _____

How many glasses of water do you consume daily? _____

Do you feel drops in your energy levels throughout the day? YES NO

If YES, when? _____

Do you know how many calories you eat per day? YES NO

If YES, how many? _____

Nutrition Related Questions (continued):

Are you currently taking a multivitamin or any other supplements? YES NO

If YES, which ones? _____

At work or school, do you usually... EAT OUT BRING FOOD

How many times per week do you eat out? _____

Do you do your own grocery shopping? YES NO

Do you do your own cooking? YES NO

Besides hunger, what other reason(s) do you eat?

BOREDOM SOCIAL STRESSED TIRED DEPRESSED HAPPY NERVOUS

Do you eat past fullness? NEVER SOMETIMES OFTEN

Do you eat foods high in fat and sugar? NEVER SOMETIMES OFTEN

List 3 areas of your nutrition program that you would like to improve:

1. _____

2. _____

3. _____

Please outline a typical day's meals & times in the space below:

Exercise Related Questions (skip this section if you are presently NOT active):

How often do you take part in physical exercise?

1-2x/week

3-4x/week

5-7x/week

If your participation is lower than you would like it to be, what are the reasons?

Lack of Interest

Lack of Time

Lack of Knowledge

Other: _____

How long have you been consistently physically active for? _____

What physical activities are you presently involved in? _____

Please outline a typical week's exercise schedule in the space below:

What new physical activities are you interested getting involved in? _____

Realistically how often you like to exercise? _____ Days/week

Realistically, how much time would you like to exercise? _____ day

What are the best days during the week for you to commit to your exercise program?

M T W TH F SA SU

What is the best time of day for you to exercise? _____

Goal Setting:

How can we help you? Please circle all that apply:

LOSE BODY FAT

DEVELOP MUSCLE TONE

REHAB AN INJURY

NUTRITION

GET & STAY MOTIVATED

EXERCISE SAFELY

HAVE FUN

INCREASE MUSCLE SIZE

SPORTS SPECIFIC

OTHER: _____

In order to increase your chances of being successful at achieving your goals, we recommend setting SMART Goals. Please share yours with us:

S = Specific (Provide specific details of what you'd like to achieve)

M = Measurable (How will you measure whether you've reached your goals)

A = Attainable (Be realistic. Set smaller, more incremental goals)

Please list at least one short-term (30 day) goal. A simple example would be to exercise at least 10 times this month.

Please list at least one mid-term (90 day) goal. A simple example would be to fit into a pair of jeans you have in your closet that is 2 sizes smaller than what you wear now.

R = Rewards Based (Attach a reward to your goals).

T = Time Frame (Set specific dates for your goals)

Above you set short and mid-term goals. How about a longer-term goal? Is there a special event (holiday, birthday, family reunion) that you want to achieve your BIG goal by?

Goal Setting (continued):

What do you think the most important thing is that we can do to help you achieve your fitness goals?

Outline what you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress towards accomplishing your goals (i.e., not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise, etc.).

List 3 methods that you plan to use to overcome these obstacles:

- 1. _____
- 2. _____
- 3. _____

Is there anything else that you would like to share that will help us help you achieve your fitness goals?

Top Level Fitness Liability Waiver Release & Photo-Video Release

In consideration of permission to use, today and on all future dates, the property, facilities, and services of **Top Level Fitness** and to participate in weight training, cardiovascular training, and other physical activities, Client, on behalf of himself or herself, his or her heirs, personal representatives, and assigns, does hereby release, waive, and discharge **Top Level Fitness** employees, volunteers, independent contractors, officers and agents (collectively, the "**Released Parties**") from liability from any and all claims arising from Client's own negligence, the negligence of others, or the Released Parties' negligence originating from Client's participation in this program. This Agreement applies to: 1) personal injury (including death) from accidents or illnesses arising from the participation in physical activities including, but not limited to, organized activities, classes, observation, and individual use of facilities, premises, or equipment; and 2) any and all claims resulting from the damage to, loss of, or theft of property. Client certifies that he or she knows of no medical problem (except those noted herein) that would increase his or her risk of illness and injury as a result of participating in a physical training program. Client understands that he or she has been advised to consult a physician prior to commencement of a physical training program to ensure his or her state of wellness to participate in such strenuous activities. Client agrees to indemnify and hold the Released Parties harmless for any loss caused by Client for which the Released Parties are held liable including attorney's fees and arbitration costs. Client understands photos or video may be taken during the course of my involvement in any program, which may be used for promotional purposes and will make no monetary or other claim against Top Level Fitness for the use of the photograph(s)/video.

Signature: _____ Date: _____

Print Name: _____