



HEALTH HISTORY QUESTIONNAIRE

The first step in the training process is filling out the health history questionnaire.

NAME _____ **DATE** _____

ADDRESS _____

CELL # _____ **HOME #** _____ **WORK #** _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ **PH. #** _____

For most people, physical activity should not pose any problem or hazard. The following questions are designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these questions. Please read them carefully and check the "Yes" or "No" opposite the question if it applies to you.

Yes No

___ ___ Has your doctor ever said you have heart trouble? If yes, please describe the problem and when diagnosed?

___ ___ Do you frequently have pain in your heart and chest?

___ ___ Do you often feel faint or have spells of severe dizziness?

___ ___ Has a doctor ever told you that your blood pressure was too high?

___ ___ Has your doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse by exercise?

___ ___ Is there are good physical reason not mentioned here why should not follow an activity program even if you wanted to do so?

___ ___ Are you over age 65 and/or not accustomed to vigorous exercise?

___ ___ Are you or have you ever been a diabetic?

___ ___ Are you now or have you been pregnant within the last three months?

___ ___ Have you had any surgery in the last three months?
Yes No

___ ___ Have you been hospitalized in the last two years? If so, when & why?

___ ___ Have you ever seen a chiropractor, acupuncturist, or other alternative
If so, when and why?

___ ___ Do you have high blood pressure? If yes, what is your current blood
pressure without medication? _____

___ ___ Are you taking any medication for hypertension? If so, what are you
taking? _____

___ ___ Is your total serum cholesterol level over 240?

___ ___ Do you smoke?

___ ___ Have you ever smoked? If so, when did you quit? _____

___ ___ Do you have diabetes?

___ ___ Do you have a family member who has had coronary or arteriosclerotic
disease prior to age 55? _____

___ ___ Do you have pain or discomfort in your back?

___ ___ Have you ever been treated for a spinal disc injury? If so, when?

___ ___ Do you have any pain or discomfort in your knees? If so, which one?

___ ___ Have you ever torn ligaments or cartilage in your knees? If so, when?

___ ___ Do you have any pain or discomfort in your shoulders? If so, which one?

___ ___ Have your ever dislocated your shoulder(s)? If so, when?

___ ___ Do you have any pain or discomfort in your elbows? If so, which one?

___ ___ Have you ever experienced tingling or numbness in your elbows or hands?

___ ___ Do you have any pain or discomfort in your wrists? If so, which one?

___ ___ Have you ever had a neck injury, such as whiplash? If so, when?

___ ___ Do you have any pain or discomfort in your ankles? If so, which one?

If you checked "yes" above, please describe your pain on a scale of 1 to 10, 1 being almost nonexistent, and 10 being severe and excruciating. Does the pain get more or less severe as the day goes on? When do you notice it? What really aggravates it?

Please check the box if you have ever experienced any of the following symptoms:

- Pain or discomfort in the chest
When first experienced _____
Treatment used _____
- Unaccustomed shortness of breath
When first experienced _____
Treatment used _____
- Dizziness
When first experienced _____
Treatment used _____
- Labored or uncomfortable breathing, with or without pain
When first experienced _____
Treatment used _____
- Swollen joints
When first experienced _____
Treatment used _____
- Heart palpitations
When first experienced _____
Treatment used _____
- Heart murmur
When first experienced _____
Treatment used _____
- Leg Cramps or Limping
When first experienced _____
Treatment used _____

What is the present state of your general health? _____

Are you or were you active in any sports, exercise programs physical activity? Please describe _____

How often? _____ For how long each session? _____

What is your occupation? What does your typical day involve physically? (i.e. sitting at a computer, lifting, etc.) Please describe

FOR YOUR OWN HEALTH & SAFETY, WE RESERVE THE RIGHT TO REQUEST A DOCTOR'S RELEASE PRIOR TO STARTING ANY EXERCISE PROGRAM.

PHYSICIAN CONSENT FORM

I, the undersigned, certify that I understand the foregoing questions and my answers are true and complete. I also understand that this information is being provided as part of my initial consultation and may not be periodically updated.

Signature

Date

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in this program and fitness testing procedures may be injurious to my health, am voluntarily participating in this personal training and athletic coaching program, which has been explained to me verbally, as well as in written form.

Having such knowledge, I hereby release assume the risk for any changes in my medical condition that might affect my ability to exercise and assume all risks connected therewith and consent to participate in said program.

Signature

Date

TRAIN SMART COACHING WAIVER:

This form is an important legal document. It explains the risks you are assuming by participating in an exercise program. It is critical that you read and understand it completely. After you have done so, please print and sign your name legibly in spaces provided at the end of this form.

RELEASE OF LIABILITY

By participating in physical training and racing activities, I acknowledge and accept and assume the risk inherent therein. I certify that I am physically fit and have not been advised against participation by a qualified professional. I WAIVE, RELEASE, AND DISCHARGE from any and all claims, losses or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bill, theft, or damage of any kind, including economic losses, which may in the future arise out of or relate to my participation in the training programs discussed above or racing activities directed by **Train Smart Coaching, Sherry Shelton and all of her contractors and/or associates.**

THIS RELEASE INCLUDES CLAIMS, LOSSES OR LIABILITIES CAUSED OR CLAIMS TO BE THE RESULT OF THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OF OMISSIONS OF THE PERSONS I AM RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OF OMISSIONS OF ANY OTHER PERSON OR ENTITY.

I assume the risk of running, biking, swimming, and resistance training, or the participation in any racing or training event. I also assume any and all other risks associated with the training program or racing activities, including but not limited to falls, or effect of any other participants, effects of weather, including heat and/or humidity, defective equipment, the condition of the roadways, water hazards, contact with other participants, and any hazard that may be posed by vehicular traffic or pedestrians, all such risk being known and appreciated by me. I further acknowledge that these risks that may be the result of the negligence of the persons released herein. I agree to indemnify and hold harmless the persons released herein from any and all claims made or liabilities assessed against them as a result of my actions or inaction's, the actions of the negligence of others, including those parties hereby indemnified or any other harm caused by an occurrence related to **Train Smart Coaching or Sherry Shelton's** training programs and activities. It is further understood that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I affirm that I am eighteen (18) years or older, I have read, understand and agree to the terms of the above waiver.

Print Name _____

Signature _____ Date _____