

THIRDPower FITNESS PERSONAL PROFILE FORM

NAME _____

ADDRESS _____

PHONE _____ CELL _____

EMERGENCY CONTACT _____

EMAIL _____

DATE OF BIRTH _____ GENDER _____

OCCUPATION _____

HAS THE DR ADVISED YOU AGAINST EXERCISE? _____

If yes why _____

LIST ANY MEDICATIONS CURRENTLY TAKING _____

DO YOU OR HAVE YOU HAD IN THE PAST YEAR HAD: Y N

1, History of heart problems _____

2. High blood pressure _____

3.Chronic Illness _____

4.Injuries _____

If yes please explain _____

5.Recent surgery _____

If yes please explain _____

6.Diabetes _____

7. Smoking _____

8. Alcohol per week 0-3 ___ 3-6 ___ over 6 ___ none _____

9.Pregnant _____

If yes how far along or if have been in past year how long ago _____

10. Have had physical in past year _____

11. Any other illness or medical problem not listed that we should know _____

12 Rate your overall health on scale 0-10 _____

DO YOU HAVE A HEALTH CLUB MEMBERSHIP/HAVE YOU USED A

TRAINER BEFORE _____

WHAT TYPES OF EXERCISES DO YOU ENJOY? _____

WHAT IS YOUR CURRENT EXERCISE ROUTINE? _____

WHAT ARE YOUR FITNESS GOALS? _____

WHAT DAYS AND TIMES ARE BEST FOR YOU TO TRAIN _____

OTHER INFORMATION YOU WANT TO SHARE _____

Electronic signature _____

Signature _____

Date _____