



Date: ___/___/___ DOB: ___/___/___
 First: _____
 Middle: _____
 Last: _____
 Address _____

 City: _____
 State: _____ Zip: _____
 Email address: _____
 Cell _____ Other _____

Emergency Contact

Name: _____
 Phone: _____
 Street: _____
 City: _____
 State: _____
 Zip: _____

MEDICAL HISTORY & PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Yes	No	1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?	<p>Exercise History: Yes ___ No___ I currently engage in an exercise program. If yes, how many sessions per week? _____ How long on average are the sessions? _____ What is the level of intensity (1-10)? _____</p> <p>Physical activities I currently engage in are: _____</p> <p>My activity level at work is: ___ Largely inactive (desk job, driver) ___ Lightly active (teacher, homemaker) ___ Heavily active (construction, ski instructor) ___ Other (explain): _____</p> <p>My previous background with sports and physical activities is: _____</p> <p>This is the main reason I'm participating in an exercise program: _____</p> <p>I have checked the list below of what is most important for me to achieve with my exercise program: ___ Feel healthier ___ Reduce body fat ___ Increase energy level ___ Improve strength ___ Improve muscle size ___ Improve muscle tone ___ Improve aerobic capacity ___ Improve flexibility ___ Improve ability at a specific sport ___ Improve ability to cope with stress ___ Improve social life ___ Improve overall quality of life</p> <p>The types of exercise that most interest me include: _____</p> <p>I have the most energy in the ___ morning ___ afternoon ___ evening Yes ___ No ___ I eat very healthy. Yes ___ No ___ I could use some help with my eating program.</p>
Yes	No	2) When you do physical activity, do you feel pain in your chest?	
Yes	No	3) When you were not doing physical activity, have you had chest pain in the past month?	
Yes	No	4) Do you ever lose consciousness or do you lose your balance because of dizziness?	
Yes	No	5) Do you have a joint or bone problem that may be made worse by a change in your physical activity?	
Yes	No	6) Is a physician currently prescribing medications for your blood pressure or heart condition?	
Yes	No	7) Are you pregnant?	
Yes	No	8) Do you have insulin dependent diabetes?	
Yes	No	9) Are you 69 years of age or older?	
Yes	No	10) Do you know of any other reason you should not exercise or increase your physical activity?	

Release of Liability Assumption of Risk

If you answered yes to any of the above questions, talk with your doctor BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answer yes. If you honestly answered no to all questions you can be reasonably positive that you can safely increase your level of physical activity gradually. If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

Participant signature _____ Date _____



COMPOSITION MEASUREMENTS	DATE	DATE	DATE	DATE	DATE	DATE	GOAL
HEIGHT							
WEIGHT							
BODY FAT %							
BMI							
CIRCUMFERENCE MEASUREMENTS							
Neck							
Shoulders							
Chest							
Upper Arm							
Lower Arm							
Waist							
Hips							
Upper Leg							
Lower Leg							

NEUROMUSCULAR COMPENSATION ASSESSMENT (FORM-NCA)

YES	NO	VIEW	KINETIC CHAIN CHECKPOINT	MOVEMENT OBSERVATION	FLEXIBILITY EXERCISE A=SELF MYOFACIAL RELEASE B=STATIC STRETCH	STRENGTH EXERCISE
		Anterior	Foot	Foot Turns Out	A=Calf B=Standing Calf Stretch	Stability Ball Bridge
			Knee	Moves Inward	A=Adductor B=Ball Adductor Stretch	Lateral Tube Walking
			Knee	Moves Outward	A=Piriformis B=Supine Piriformis Stretch	Single Leg Romanian Dead Lift
		Lateral	Lumbo-pelvic-Hip Complex (L-P-H-C)	Excessive Forward Lean	A=TFL/IT Band B=Standing Psoas Stretch	Step-Up to Balance
			L-P-H-C	Low Back Arches	A=TFL/IT Band B=Kneeling Hip Flexor Stretch	Supine Ball Crunch
			L-P-H-C	Low Back Rounds	A=Hamstring B=Supine 90/90 Hamstring Stretch	Prone Ball Cobra
			Upper body	Arms Fall Forward	A=Lat B=Kneeling Ball Lat Stretch	Single Leg 2-Arm Tubing Row
			Head	Forward Head	B=Standing Sternocleidomastoid Stretch	Prone Floor Cobra
		Posterior	Foot	Foot Flattens	A=Peroneals B=Standing Calf Stretch	Ball Squat with Tubing around Knees
			Foot	Heel of Foot Rises	A=Calf B=Standing Calf Stretch	Floor Bridge
			L-P-H-C	Asymmetrical Weight Shift	A=TFL/IT Band B=Standing Lunge Adductor Stretch (same side)/Piriformis Stretch (Opp. Side)	Stability Ball Squat
			Upper body	Shoulder Elevation	B=Standing Levator Stretch	Prone Ball Opposite Arm/Leg Raise

Release of Liability Assumption of Risk

Using the 365|Health & Wellness, Inc. services and facilities involves the risk of injury to you or your guest, whether you or someone else causes it. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, such as catastrophic injuries including death. **In consideration of your participation in the activities offered by 365|Health & Wellness, Inc., you understand and voluntarily accept this risk and agree that 365|Health & Wellness, Inc., its officers, directors, employees, volunteers, agents and independent contractors will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to you, your spouse, guests, unborn child, or relatives resulting from the negligence of 365|Health & Wellness, Inc. or anyone on 365|Health & Wellness, Inc.'s behalf or anyone using the services or facilities whether related to exercise or not.** Further, you understand and acknowledge that 365|Health & Wellness, Inc. does not manufacture fitness or other equipment at its facilities, but purchases and/or leases equipment. You understand and acknowledge that 365|Health & Wellness, Inc. is providing recreational services and may not be held liable for defective products. By signing below, you acknowledge and agree that you have read the foregoing and know the nature of the activities at IIIVFIT and agree to all the terms previously described of this agreement and acknowledge you do also understand the policies of 365|Health & Wellness, Inc..

SIGNING BELOW INDICATES THAT YOU HAVE READ AND UNDERSTOOD THESE TERMS ABOVE.

Participant signature

Date



Name: _____

Email: _____

Telephone: _____

Fitness Analysis:

Quarterly Check-up	Date: _____	Date: _____	Date: _____	Date: _____
Resting Heart Rate				
Max Heart Rate				
Target Zone				
VO2 Max				
Sit and Reach				
3 minute step test				
Postural assessments				
Head				
Shoulders				
Spine				
Hips				
Ankles				
Neck				
Upper Back				
Trunk				
Abdomen				
Lower Back				

Release of Liability Assumption of Risk

This release is entered into between the undersigned and 365 | Health & Wellness, Inc. The purpose of 365 | Health & Wellness, Inc. is to provide fitness and exercise instruction. The undersigned hereby acknowledge that the following was explained to them and/or agrees to the following:

1. Acknowledges that my Professional Health Counselor is not a physician and is not trained in any way to provide medical diagnosis, medical treatment, psychotherapy, or any other type of medical advice.
2. Acknowledges that fitness training is another tool for teaching individuals about themselves, but that my Professional Health Counselor does not guarantee neither good nor bad will occur nor guarantees the coaching advice given by my trainer will produce good nor bad results.
3. Acknowledges that my Professional Health Counselor may suggest exercise as part of my fitness program/lifestyle management. I further understand that swimming, cycling (on and off road), in-line skating, triathlon, x-country skiing, weight training, aerobic classes, martial arts, kick boxing, kung-fu, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death.
4. That the undersigned assumes the risks of participating in these types of events/activities, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind for the undersigned participating in said sporting events and/or training for said sporting/fitness activities.
5. The Undersigned agree that this is the full agreement between the parties, that my Professional Health Counselor nor anyone else has not verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion.

Signature _____

Date _____



PROFESSIONAL HEALTH COUNSELOR LETTER OF AGREEMENT

This Agreement made and entered into this ____ day of ____, 20__, by and between ____ (“Client”) and ____ (“Professional Health Counselor”).

In consideration of the mutual agreement exchanged herein, the parties agree as follows:

- (1) Client and Professional Health Counselor have agreed that Professional Health Counselor will perform coaching, training, consultations, workout sessions, etc. Each session will begin at an agreed-upon time. Client will be ready to begin at scheduled time.
- (2) The client will ensure all services are paid for in advance, prior to commencement of any coaching, training, consultations, workout sessions, etc. Client acknowledges and agrees that no credit or refund shall be due for sessions cancelled by Client. All cancelations must be provided 24 hours prior to the scheduled service.
- (3) Client assumes the risk of participating in an exercise program and agrees that Professional Health Counselor shall have no liability for any injury, illness, or similar difficulty that Client may suffer arising out of or connected with Client’s participation in Professional Health Counselor’s program.
- (4) Client will complete and sign Health History Questionnaire prior to beginning their workout sessions.
- (5) Client will be required to have a Medical Clearance and Physician’s Consent Form signed if they have any of the following physical conditions:
 - Hypertension (high blood pressure) (>145/95 mmHg)
 - Hyperlipidemia (cholesterol > 220 mg/dl or a total cholesterol-to-HDL ration Of >5.0)
 - Diabetes (either type)
 - Family history of heart disease prior to age 60
 - Smoking/Drug use
 - Abnormal resting EKG
 - Any other condition that Trainer may deem as an unreasonable risk to Client’s health.

IN WITNESS WHEREOF, Client and Trainer have caused this Agreement to be executed on the date written above.

by: _____
Professional Health Counselor’s Signature

by: _____
Client’s signature

Professional Health Counselor print name

Client print name



MEDICAL CLEARANCE & PHYSICIAN'S CONSENT FORM

To: 365 | Health & Wellness, Inc.
535 County Road 4851,
Leonard, Tx 75452

Dear Professional Health Counselor:

My patient, _____, has advised me that he or she intends to participate in a fitness assessment. This assessment will include muscular endurance and flexibility tests, body composition assessment, a blood pressure reading, and cardiovascular fitness assessment. An exercise program will be designed based on this assessment which will include, but not be limited to, resistance training and cardiovascular training. The sessions will last approximately one hour, and will begin at a very moderate, sub-maximal level.

Please be advised that my patient, _____, should be subject to the following restrictions in the fitness assessment and/or in his or her exercise program:

In addition, under no circumstances should he or she do the following:

I have discussed the foregoing restrictions and limitations with my patient, and, with these specific restrictions, he or she has my permission to participate in a fitness assessment and pursue an exercise program under your guidance.

Truly yours,

(Sign name here)

Date: _____

(Print name here)

Phone number: _____