

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 \_\_\_\_\_