Personal Information and Medical History Form

Client Information:

Last Name_____ First Name_____ Date_____

Address_____ Birth Date_____

City_____State_____Zip_____

Cellphone_____ Other Phone_____

Age_____ Male ❑ Female ❑

Email_____

If Applicable: School_____ Sports Played_____

Emergency Contact Information:

Name _____ Relationship _____

Preferred Phone _____ Other Phone _____

Medical History: Please check <u>all</u> conditions that apply (confidential – for internal use only)

	Yes	No
1. ❑ Heart Disease or Stroke	❑	❑
2. ❑ High Blood Pressure	❑	❑
3. ❑ High Triglycerides	❑	❑
4. ❑ Cancer	❑	❑
5. ❑ Lung / Pulmonary Disease	❑	❑
6. ❑ Kidney Disease	❑	❑
7. ❑ Osteoporosis	❑	❑
8. ❑ Ulcer	❑	❑
9. ❑ Gastrointestinal Disease	❑	❑
10. ❑ Diarrhea	❑	❑
11. ❑ Depression	❑	❑
12. ❑ Diabetes Mellitus	❑	❑
13. ❑ Obesity or other metabolic syndrome	❑	❑
14. ❑ Arthritis	❑	❑
15. ❑ Anemia	❑	❑
16. ❑ Food Allergies	❑	❑
17. ❑ Neuromuscular Disease	❑	❑
18. ❑ Arteriosclerosis	❑	❑
19. ❑ Gallbladder Disease	❑	❑

	Yes	No
20. ❑ Psychological Problems	❑	❑
21. ❑ Anorexia	❑	❑
22. ❑ Bulimia	❑	❑
23. ❑ Compulsive Overeating Disorder	❑	❑
24. ❑ Pregnant / Lactating / Trying to conceive	❑	❑
25. ❑ Currently being monitored or have been advised to be monitored by a physician	❑	❑
26. ❑ Recommended high level care	❑	❑
27. ❑ Special diet	❑	❑
28. ❑ Other medical condition(s) that may have any impact on your participation in your personal training or sports performance. (If checked, please explain)	❑	❑

_____

_____

Please list any medications you are currently taking: _____

I attest that I am in good health and able to participate in a fitness and/or nutrition program. In the event of injury or illness, Phoenix FHW, LLC has my permission to provide emergency first aid care and seek the appropriate care necessary.

Participant's Signature (if beyond 18 years) _____ Date _____

Guardian's Signature (if under 18 years) _____ Date _____

Waiver of Liability

Initialing each section and signing this waiver is an understanding and agreement to the following terms and conditions of Phoenix FHW, LLC.

_____ I affirm I have no medical conditions that would restrict me from participating in any fitness and/or nutrition services.

_____ It is my responsibility to consult a physician before participating in fitness and/or nutrition program. Phoenix FHW, LLC is not a replacement for actual medical care, and I will contact my physician immediately.

_____ I agree to assume any risk associated with participating in fitness and nutrition coaching and release Phoenix FHW, LLC from any and all claims of personal injury or other damages that might occur during participation.

_____ I understand and agree the location of which fitness and/or nutrition coaching will not be held liable for any injury, damage, or loss that may occur.

_____ I understand that fitness and/or nutrition coaching involves an aspect of physicality that could potentiate injury to the body. Injuries could include musculoskeletal injuries (e.g., torn muscle), joint injury (i.e., ankle sprain), and dietary challenges (e.g., gastrointestinal reactions).

_____ I agree that Phoenix FHW, LLC offers health and wellness services with no guarantee of results. It is my responsibility and personal choices that impact the results.

_____ Phoenix FHW, LLC has the right to refuse fitness and/or nutrition coaching to those deemed “under physician supervision” or a potential risk of damage or loss.

_____ This waiver agreement is governed by the laws of the state of Idaho and protected by Lockton Affinity, LLC. Any and all legal claims or lawsuits related to participation, injury, or damages shall take place in courts located in Boise, Idaho.

_____ I agree and verify that if I have omitted any necessary personal information, knowingly or unknowingly, I will hold Phoenix FHW, LLC harmless against all liability for damages that may occur because of my actions.

_____ Agreement to this waiver remains in full force and takes effect immediately. This waiver shall be interpreted as broadly as possible in the applicable jurisdiction.

Participant’s Full Name (print) _____

Participant’s Signature (if beyond 18 years) _____ Date _____

Guardian’s Signature (if under 18 years) _____ Date _____