



## General Information Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Age: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**How did you hear about DESIGNS IN FITNESS?**  
 Friend (friend's name): \_\_\_\_\_  
 Ad (which one): \_\_\_\_\_  
 Other (please specify): \_\_\_\_\_

### Goals

Please list (*in order of importance*) the fitness goals you would like to achieve in the next three to six months?

Where do you rate health in your life?  Low priority  Medium Priority  High priority

What do you think the most important thing your Trainer can do to help you achieve your fitness goals?

What are the obstacles to accomplishing your goals (i.e. not training consistently, upcoming vacation, busy season at work, not following the program, allowing other responsibilities to become a priority over exercise etc.)?

### Lifestyle History and Nutritional Profile

1. Are you currently weight training regularly (At least two times weekly)?  Yes  No

How many times per week? \_\_\_\_\_ How long does it take (average)? \_\_\_\_\_

2. Do you currently do cardiovascular at least three times per week?  Yes  No

How many times per week? \_\_\_\_\_ How many minutes does it take (average)? \_\_\_\_\_

3. Please indicate your current eating habits:

Do you eat breakfast?  Yes  No  Sometimes

Do you eat lunch?  Yes  No  Sometimes

Do you eat dinner?  Yes  No  Sometimes

Do you snack between meals?  Yes  No  Sometimes

Do you drink coffee or tea?  Yes  No \_\_\_\_\_ per *day*  
How much?

Do you drink soft drinks?  Yes  No \_\_\_\_\_ per *day*  
How much?

Do you eat red meat?  Yes  No \_\_\_\_\_ per *week*  
How much?

Restaurant/fast food?  Yes  No \_\_\_\_\_ per *week*  
How often?

How many glasses of water do you drink a day? \_\_\_\_\_

**What kind of supplements do you take (please check all that apply)?**

Protein drink or bar  Meal replacement drink or bar  Weight gainer  Vitamins

Glutamine  Fat burners  Creatine  Other (please specify): \_\_\_\_\_

## Medical History

*Includes American College of Sports Medicine Coronary Risk Factors*

**Do you now, or have had in the past:**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. History of heart problems, recurring chest pain, heart murmur or stroke?.....    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Diagnosis of Hypertension or take medication for same?.....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Diabetes Mellitus (insulin, pills, or diet control)?.....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Asthma, breathing or lung problems?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had an eating disorder?.....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Cancer?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Seizures, seizure medication, neurological problems, or severe dizziness?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Gallbladder disease or intestinal problems?.....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Back problems, joint, or muscle disorders?.....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Recent surgeries?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Hernia or any condition that may be aggravated by weight training?.....         | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Physicians advice not to exercise?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. (Women only) Are you pregnant, lactating or anticipate becoming pregnant?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you have a history of total cholesterol over 240 mg/dl?.....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you smoke?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you drink alcoholic beverages?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Family history of coronary heart disease or other atherosclerotic disease?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are you taking any medications?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are you allergic to any foods? (e.g., soy, lactose/dairy, etc.)?.....           | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Are you averaging at least 7 hours of sleep per night?.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Date of your last physical:_____  |                          |                          |

Please explain any "yes" answers in the space below

**Person to Contact in Case of Emergency**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I have answered the above questions accurately and to the best of my ability. I realize that by partaking in this exercise program, I do so at my own risk. I further realize that it is my responsibility to have a regular physical exam with my physician to ensure that this program and recommendations herein are appropriate. I hereby release DESIGNS IN FITNESS™, CrossFit Cape Fear, its agents or person(s) involved with said company of any liabilities that may arise from association with said named.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Informed Consent and Liability Waiver

### Program Objectives and Procedures

I understand that this fitness program will include exercise to improve the following:

- Cardiorespiratory system (heart and lungs)
- Musculoskeletal system (muscular strength, endurance and flexibility)
- Body composition (decrease bodyfat in individuals needing to lose fat, with an increase in lean muscle tissue)

I understand exercise may include, but is not limited to:

- Aerobic and cardiovascular exercise to burn body fat and excess calories (walking, jogging, cycling, aerobics, stairstepper, etc.)
- Resistance training to improve muscular strength and endurance (weight training, resistabands, rock climbing, etc.)
- Flexibility training to improve full range of motion, movement around joints and reduce the risk of injury (stretching, yoga, water training, etc.)

### Potential Benefits

I understand that a program of regular exercise for the heart, lungs, muscles and joints has been shown beneficial. These benefits may include, but are not limited to:

- A decrease in the risk of heart disease
- A decrease in bodyfat
- Improved blood profile
- Improved blood pressure
- Improvements in how I look, feel, and function

### Potential Risks

I understand that there is exists a possibility that certain abnormal changes may occur during or following exercise, which can not always be predicted. These abnormal reactions and changes include, but are not limited to:

- Blood pressure
- Heart rate
- Ineffective functioning of the heart
- In rare circumstances - heart attack or stroke

I understand that exercise can lead to musculoskeletal pain, strain and injury, even if I follow all of the recommended safety procedures and guidelines. I understand that there are inherent risks built into starting an exercise or fitness program that cannot be foreseen. I have all the information above and fully and completely understand it.

I understand that I have enrolled in a program of strenuous physical activity including, but not limited to: Weight training, cardiovascular training, cycling, and various physical training offered by DESIGNS IN FITNESS™ Inc and CrossFit Cape Fear. I affirm that I am in good health and do not suffer from any disability.

I hereby release DESIGNS IN FITNESS™ Inc and CrossFit Cape Fear, from any claims, demands and or any causes for action arising from my participation in this exercise program for myself, my heirs and assigns,

I fully understand that I may injure myself as a result of my participation in this exercise program and that I hereby release DESIGNS IN FITNESS™ Inc and CrossFit Cape Fear from any liability now or in the future as a possible result from any bodily injury occurring during or after my participation in this program.

I hereby affirm that I have read and fully understand the above.

Signature \_\_\_\_\_

Date \_\_\_\_\_