



BeautifulFitFree.com

516-312-1901
BeautifulFitFree@gmail.com

Health Questionnaire

Welcome New Client		
Name:	Date of Birth	Age
Address:		
City, State, Zip:		
Best Contact Phone Number:	Second Contact Number:	E-mail address:
Employer	Occupation	
In case of emergency notify		
Name	Phone 1	
	Phone2	
Medical Information		
Physician's Name	Phone:	
Are you under the care of a physician, chiropractor, or other health care professional for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide reason:		
Are you taking any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following:		
Type:	Dosage/Frequency:	Reason for taking:
Please list any allergies.		
Has your doctor ever said your blood pressure was too high? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you over the age of 65?? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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Healthcare Questionnaire

Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise? Yes NO

Are you unaccustomed to vigorous exercise? Yes No

Have you recently experienced any chest pain associated with either exercise or stress? Yes No
If yes, please explain:

Is there any reason not mentioned why you should not follow a regular exercise program? Yes No
If yes, please explain:

Smoking:

Do you currently smoke? Yes No If you are a former smoker when did you quit? _____

If currently smoking, how many cigarettes per day? Less than 15 15 to 25 26 to 35 >35

Are you a cigar or pipe smoker? Yes No

Family Medical History:

If there is a family history for any of the conditions below?

Asthma? Yes No

Respiratory/Pulmonary Conditions? Yes No

Type I Diabetes? Yes No Type II Diabetes? Yes No

Epilepsy: Petite Mal? Yes No

Osteoporosis? Yes No

Personal Medical History:

Do you have any of the conditions below?

Asthma? Yes No

Respiratory/Pulmonary Conditions? Yes No

Type I Diabetes? Yes No Type II Diabetes? Yes No

Epilepsy: Petite Mal? Yes No

Osteoporosis? Yes No

Lifestyle and Dietary Factors:

Occupational Stress Level: Low Medium High

Energy Level Low Medium High

Caffeine Intake Daily _____ Alcohol Intake Daily _____

Colds per year? _____ Gastrointestinal Disorder? _____ Anemia? _____

Hypoglycemia? _____ Thyroid Disorder? _____

Are you pregnant? Yes No



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Healthcare Questionnaire

Cardiovascular: If you have experienced any of the conditions below, please indicate date.

High Blood Pressure _____ Hypertension _____ High Cholesterol _____

Heart Disease _____ Heart Attack _____ Stroke _____

Angina _____ Gout _____

Musculoskeletal Information:

Please describe any past or current conditions you have incurred such as muscle pulls, sprains, fractures, surgery, pain or discomfort:

Head/Neck

Upper Back

Shoulders

Arm/Elbow

Hand/Wrist

Lower Back

Hip/Pelvis

Thigh

Knee

Ankle

Other:

Do you have arthritis?

___Yes ___No

Have you had recent surgery? ___Yes ___No

Date and Type?

Thank you for helping me design the best plan for your individual needs.

Welcome New Client



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410-356-4678

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Healthcare Questionnaire-Your Goals

How Many Days a Week can you workout?	For How Long? 15, 30 or 45 Minutes?
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What are your goals?	Reduce, Inches, Weight, Body Fat %	Increase Energy	Increase Inner Peace	Full Wellness
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Please Circle all of the above that apply.

Please add any additional comments:

Client Name (Please Print) _____

Signature _____ **Date** _____

Witness _____



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Waiver & Release of Liability

“I _____, hereby expressly and affirmatively state that I wish to participate in a wellness program with Lori Dee Frazier of EveryBody’s Beautiful LLC/BeautifulFitFree.com.

“I hereby affirm that I am in good physical condition. I do agree to disclose any physical limitation, prior injuries, disabilities, ailments, or impairments, which may affect my ability to participate in said fitness program. I understand that Lori Dee Frazier is a personal training consultant and not a medical doctor, and that she will in fact be relying on my representations and disclosures regarding my health and physical condition.”

“I fully understand that I may injure myself as a result of my participation in the exercise program designed by Lori D. Frazier, BeautifulFitFree.com and I,

_____, hereby release Lori D. Frazier, EveryBody’s Beautiful LLC/BeautifulFitFree.com, its assignees or successors from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heart prostration, knee/back/neck/foot/shoulder/wrist, and any other injuries, illness, or soreness, however caused or occurring during or after my participation in the exercise program.”

“I also do not hold the aforementioned fitness consultant liable for any personal injury, bodily injuries, or property damage while participating any other personal fitness training program.”

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

Client Name (Please Print) _____

Signature _____ **Date** _____

Witness _____