

# WLG/Ai Health Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home #: \_\_\_\_\_ Business #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Date and reason last consulted: \_\_\_\_\_

- Has your physician ever advised you against exercising? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

- Do you know or have you ever experienced any of the following:

CONDITION	YES	NO	WHEN?	CONDITION	YES	NO	WHEN?
Heart Disease				Diabetes			
High Blood Pressure				Hypoglycemia			
High Cholesterol				Frequent Blackouts			
Heart Attack				Dizziness/Lightheadedness			
Stroke				Shortness of Breath			
Chest Pain				Arthritis			
Heart Murmur				Joint, Tendon, Muscle Pain			
Cancer				Frequent/Severe Back Pain			
Eating Disorders				Pregnancy			
Lung Disorder				Other:			

- Are you presently under a physician's care for any of the above, or any other condition? Yes  No

If yes, please explain. \_\_\_\_\_

- Have you had any major illnesses and/or surgeries? Yes  No

If yes, please explain. \_\_\_\_\_

- Do you have any current medical problems or incompletely healed injuries? Yes  No

If yes, please explain. \_\_\_\_\_

- Have you had or do you now have any bone, joint (including spine), or muscle injuries or diseases?

Yes  No

If yes, please explain. \_\_\_\_\_

- Are you presently receiving physical therapy? Yes  No

If yes, please explain. \_\_\_\_\_

- Is there any position, activity, exercise, or task that causes you concern or pain? Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

- In what way do your symptoms interfere with your daily activities?

\_\_\_\_\_

- If you do experience any pain or discomfort, what causes the symptoms?

\_\_\_\_\_

- Are you presently taking medications? Please list dosage and reason.

\_\_\_\_\_

Providing your signature will indicate that all of the information provided above is true to the best of your knowledge and that Workout Like A Girl and Ai, LLC will be notified if and when there are any physical or mental conditions that may affect physical activity.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Informed Consent for Exercise Program

**Exercise Objectives:** The purpose of an exercise program is to develop and maintain cardiorespiratory aerobic fitness, muscular strength, increase physical endurance capabilities, improve body composition, increase flexibility and mobility. These recommendations follow industry standards and should be conducted under the supervision of a trainer with a minimum of a national certification.

**Procedures:** a structured exercise program based on individual needs (obtained with fitness assessments) interest and/or physician's recommendations will be given to each participant. Exercises may include aerobic activities (treadmill, walking, running, cycling, rowing, group aerobic activity and other such activities), calisthenics and weight lifting to improve muscular strength and endurance, and flexibility exercise to improve joint ranges of motion. All aerobic programs involve a warm up, exercise at target heart rate, and cool down components. All programs follow The American College of Sports Medicine's recommendations.

**Potential Risks:** All exercise programs/testing are designed to gradually increase workload on the cardiorespiratory and musculoskeletal systems in order to effect improvement. The body's reaction to gradually increasing exercise activities cannot be predicted with complete accuracy. Unusual changes during or following an exercise session may occur. These may include muscular or joint injury, abnormal blood pressure, fainting, disorders of heartbeat, and/or in very rare instances of heart attack or death.

**Potential Benefits:** Benefits obtained from a structured and regularly employed exercise programs might include a more effective cardiorespiratory system, an improved musculoskeletal system, a decrease in body fat, a decrease in blood fats, an improvement in psychological function and a decrease in the risk of hearth and other diseases.

**Confidentiality:** All participants' exercise program information will be treated as privileged and confidential and will not be revealed to any person (other than the trainer involved in the participant's exercise program) without expressed written consent. Obtained information, however, may be used for statistical or scientific purposes with right to privacy retained.

**Inquiry and Freedom of Consent:** I have read the foregoing and I understand the objectives, procedures, potential risk and benefits, supervision issues and confidentiality involved. Unless otherwise indicated under the comments section below, I certify that I am in good health and have no condition that would limit/prohibit my participation in a structured exercise program. I understand that if there are any questions about the procedure or methods used during an exercise program, I should ask my trainer. I realize that injury may result from improper exercise technique or misuse of exercise facilities and/or equipment. I agree to be attentive to all instructions given to me and to exercise and use facilities and equipment correctly. I assume responsibility for monitoring my own condition throughout the exercise program and should any unusual symptom(s) occur, I will cease my participation and inform my trainer. I shall also notify my trainer of any changes in my medical status. I consent to the administration of any immediate resuscitation measures deemed advisable by my trainer or other qualified personnel.

I, \_\_\_\_\_ understand the potential risks involved in participating in a rigorous physical exercise program.

I assume the responsibility and risks as explained to me. I understand that participating in an exercise program may include, but not be limited to, serious bodily injury, heart attack, stroke, or even death.

I consent voluntarily to participate in an exercise program based on the information provided to me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell Phone Number