

Thank you for taking the time to complete this form. Please print your answers to the questions on both pages of this form. While you may leave any question blank, we encourage you to complete the form. It provides essential information about your health and fitness level to your Instructor.

All your answers will be kept strictly confidential.

Your Name:

Your Home Phone:

Emergency Contact Information:

Name/ relationship:

Phone:

What medications do you take?

Do you have any allergies to food or medications? If yes, please list:

What do you wish to accomplish by participating in this exercise program?

Your Doctor's Name:

Doctor's Phone:

Clinic Name, Mailing Address:

City: State: Zip Code:

Chronic Conditions

Have you ever been told by a doctor or other health professional that you have any of the following conditions (Mark all that apply.)

- | | |
|-------------------|----------------------------------|
| Arthritis | Heart Disease |
| Rheumatic disease | Hypertension |
| Cancer | Lung disease/ Breathing problems |
| Diabetes | OR |
| Depression | No chronic conditions |

Please continue on next page.

Other Conditions

Alzheimer's Disease	Fall(s)	Parkinson's Disease
Artificial Joint - where? <input type="text"/>	Foot/ ankle swelling	Poor leg circulation - which leg? <input type="text"/>
Back problems	Heart attack	Seizures or epilepsy
Blackouts	Heart surgery	Severe headaches
Broken bones	Hernia	Shortness of breath
Chest pain/ angina	Irreg./rapid heart beats	Smoking - #/day: <input type="text"/>
Cholesterol > 240	Knee injuries	Stroke
Congestive heart failure	Macular degeneration	Surgery in past year
Dizziness or blurred vision	Memory loss	Unsteadiness
Double vision	Multiple sclerosis	Weakness
Emphysema	Osteoporosis	
	Pacemaker/ defib.	

Other conditions or additional information:

Self-Assessment

Yes No

Do you believe you are physically fit?

Are you happy with your current weight?

Can you stand up from a chair without using the arms?

Can you get up from the floor without assistance?

Can you stand on one leg without support?

Can you walk up and down steps without using the handrail?

Can you walk around a city block without being short of breath?

What exercise do you currently do on a regular basis? (Please check all that apply and enter number of times per week next to the right of the exercise name.)

Walk	Bike	Skate	Martial Arts
Jog	Dance	Tai Chi	Aerobics
Row	Swim	Tennis	Other:
Yoga	Stretch	Weight Lift	<input style="width: 200px; height: 20px;" type="text"/>

I, , hereby acknowledge that all the above information is true. I release Sound Generations (Seattle, WA) and all of its agents from all liability for any accident, injury or damages of any kind to persons or property that might occur while I participate in an EnhanceFitness® class.

Signature: **Date:**