Personal Training Enrolment Form

Date : _____

Please fill in this form and submit it to the Management. After your application has been approved, a membership card will be issued to you. Your answers will be kept confidential.

Name : _____

Tel. Nos. : res : _____ off : _____ mobile/pager : _____

Address : _____

_____

Date of Birth : _____ Occupation : _____

MEDICAL HISTORY :

1. Are you under the care of a physician, chiropractor, or any other health care professional for any reason? ❒ Yes ❒ No
   If yes, list reason : _____
   _____
   _____

2. Are you currently on any medication? ❒ Yes *(if yes, please complete the following:)* ❒ No

Type	**Dosage/Frequency**	**Reason for taking**

3. Please list any allergies : _____
   _____
   _____

Age : _____ Gender : ❒ M ❒ F

Note : In order to assist you in the development of a rewarding physical fitness program, we need to have your honest and accurate responses.

1. Has your doctor ever said your blood pressure was too high? ❒ Yes ❒ No
2. 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
3. Are you over age 65? ❒ Yes ❒ No
4. Are you unaccustomed to exercise? ❒ Yes ❒ No
5. Is there any reason not mentioned here why you should not follow a regular exercise program? ❒ Yes ❒ No
   If so, please explain : _____
   _____
   _____
6. Have you recently experienced any chest pain associated with either exercise or stress? ❒ Yes ❒ No
   If so, please explain : _____
   _____
   _____
7. Do you have a family history of any of the following conditions? ❒ Yes ❒ No

❒ Heart Disease ❒ Heart Attack ❒ Hypertension ❒ High Cholesterol
❒ Gout ❒ Angina ❒ Abnormal ECG ❒ Diabetes
❒ Asthma ❒ Other heart condition

FAMILY HISTORY OF CARDIOVASCULAR DISEASE (CV)

Please check the boxes that best describe your personal family history: (blood relatives only)

❒ No known history of heart disease in the family
❒ One relative over age 60 with CV Disease
❒ Two relatives over age 60 with CV Disease
❒ One relative under age 60 with CV Disease
❒ Two relatives under age 60 with CV Disease
❒ Three relatives under age 60 with CV Disease

MUSCOLOSKELETAL

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

_____

_____

_____

Medical Practitioner : _____ Telephone : _____

Address : _____

_____

_____

In case of emergency, please notify :

Name : _____ Relationship : _____

Address : _____

_____

Tel #s- : _____

NUTRITIONAL

Are you on any specific food / nutritional plan at this time? ❒ Yes ❒ No

If yes, please list : _____

Do you take dietary supplements? ❒ Yes ❒ No

If yes, please list : _____

Do you experience any frequent weight fluctuations? ❒ Yes ❒ No

Have you experienced a recent weight gain or loss? ❒ Yes ❒ No

If yes, list change: _____ Over how long? _____

How many beverages do you consume per day that contains caffeine?

Do you smoke? If so, how many cigarettes/ cigars per day?_____

Please check the box that best describes your work and exercise habits : _____

❒ Intense occupational and recreational exertion ❒ Moderate occupational and recreational exertion

❒ Sedentary work and intense recreational exertion ❒ Sedentary work and moderate recreational exertion

❒ Sedentary work and light recreational exertion ❒ Complete lack of all exertion

To what degree do you perceive your environment as stressful?

❒ Minimal ❒ Moderate ❒ Average ❒ Extremely

Please make any other comments you feel are pertinent to your exercise program.

_____

_____

_____

You are enrolling into this program to :

❒ Tone-up ❒ Lose inches/Fat

❒ Build Muscle Mass ❒ Improve a specific health problem ❒ Any other

I, the undersigned, will abide by the principles provided on "Some Useful Information About Personal Training".

(Signature of person applying for membership)

Body Art

Nawaz Modi

'Modi Lodge' 13, Watchha Gandhi Road, Off Hughes Road, Mumbai 400 007

✆ : 380 2602 / 380 5929