



MEDICAL HISTORY

Name _____ Date of Birth _____ *Age _____

Phone _____ Sex: Male / Female Height _____ Weight _____

Primary Physician _____ City, State _____ Phone _____

Emergency Contact Person: _____ Relationship: _____

Emergency Contact Phone: (H) _____ (W) _____ (C) _____

DO YOU KNOW OR HAVE YOU EVER HAD:

(Please answer YES or NO)

- _____ *history of heart disease (yourself, father, mother, siblings)
- _____ *high blood pressure
- _____ *high cholesterol
- _____ *diabetes (insulin or non-insulin)
- _____ *thyroid disorders (hypo/hyper)
- _____ stroke/TIA
- _____ pulmonary disease (asthma, emphysema, chronic bronchitis)
- _____ surgery within the last 2 years: list surgery & date _____

DO YOU EVER HAVE:

(Please answer YES or NO)

- _____ *chest, jaw or arm pain that gives you discomfort at rest or during exercise
- _____ *shortness of breath at rest or with mild activity
- _____ *dizziness
- _____ *difficulty breathing unless upright
- _____ *heart palpitations or murmur
- _____ *extra fatigue with usual activities

- Yes No Do you smoke? _____
- Yes No Do you have any other chronic illness (i.e. anxiety, seizure disorder, epilepsy, multiple sclerosis, Alzheimer's, dementia, hearing loss, etc.)? What? _____
- Yes No Have you had advice from a physician NOT to exercise? _____
Why? _____
- Yes No Do you have muscle, joint, or back problems that become worse with physical activity? _____
What? _____
- Yes No Females: Are you now pregnant or have you been pregnant within the past 3 months? _____

List medications you are taking and your reason for taking them:

Is there anything else we need to know that is not listed?

***See Reverse Side for Consent and Liability Release**

INFORMED CONSENT AND LIABILITY RELEASE

Pivotal Health and Wellness is not responsible for lost or stolen articles under any circumstances. Memberships are non-transferable and non-refundable. No part of the membership cost shall be refunded or transferred for any reason. Upon the signing of this agreement, the member will be held responsible for the payment option chosen.

Membership benefits/rules and regulations: Members agree to abide by all the rules and regulations of Pivotal Health and Wellness including any amendments thereto. Pivotal Health and Wellness may change the rules and regulations, facility hours, the services available, the membership rates, and membership benefits without notice. Any changes shall not affect the member's obligation to make the full payment for the membership term as provided above. Pivotal Health and Wellness shall have the authority to cancel any member's membership for any violation of this agreement or the rules and regulations of the facility.

I grant permission to Pivotal Health and Wellness and other associates to photograph and use photos of myself while participating in activities at the Wellness Center for the purposes of promotion/ demonstration/inspiration through website(s), press releases, advertisements, brochures, newsletters, and in-house bulletin boards, etc.

Informed consent for fitness instruction: The Pivotal Health and Wellness staff reserves the right to refuse membership or require a physician's authorization for the participation in exercise, based on the participant's individual risk factor(s) as determined by ACSM standards.

I understand that Pivotal Health and Wellness strongly recommends, in accordance with the American College of Sports Medicine guidelines, a physician consultation for a health screen to determine any precautions or contraindications to exercising prior to the exercise evaluation. If I choose to not obtain such a consultation, I understand that I am exercising at my own risk. I understand that it is my responsibility as the participant to practice safe exercise; stay within my target heart rate or appropriate RPE range and include a brief warm-up and cool-down with each session. It also is my responsibility to inform the staff if there is a change in my health status or a change in my medications.

I agree to assume the risk of participation in exercise in the fitness center and in any indoor or outdoor instructor-led exercise classes, and further agree to release and forever discharge Pivotal Health and Wellness and its staff members and instructors from any and all claims, suits, losses or related causes of action from damages, including, but not limited to, such claims that may result from my injury or death, during or arising in any way from any program participation.

In signing this consent form, I the participant affirm that I have read this form in its entirety and that I understand the description of the memberships and their components and will abide by the member agreement. I also affirm that my questions regarding the fitness instruction and/or testing have been answered to my satisfaction.

Participant Name Printed

Participant Signature

Date

Parent/Guardian Signature (if participant is under 18)

Date

Wellness Center Staff

Date