

Health History Form

Just a bit of information to help us keep your workouts safe!

Name _____ Date _____

Address _____ E-mail** _____

Date of Birth _____ Phone _____ Height _____ Weight _____ Age _____

State of Health _____ Physician's Name _____ Phone _____

List all Medications: _____

Do you have now or have you had *within the past year*:

	Yes	No
1. A history of health problems?	_____	_____
2. High blood pressure?	_____	_____
3. Difficulty with physical exercise?	_____	_____
4. A chronic illness? _____	_____	_____
5. Advice from a physician not to exercise?	_____	_____
6. Back disorder? _____	_____	_____
7. Recent surgery (within past 3 months)	_____	_____
8. History of lung problems?	_____	_____
9. Diabetes?	_____	_____
10. Cigarette smoking habit?	_____	_____
11. High blood cholesterol?	_____	_____
12. History of heart problems in the immediate family?	_____	_____
13. Have you been pregnant within the past 3 months?	_____	_____

NOTE: If you answered yes to any of these questions, you must consult your physician before beginning this exercise program. I have done so _____ I intend to do so _____

- Does your physician know you are participating in cardio and strength activities? _____
- If so, has he/she given you any limitations? _____
- What regular physical activity do you presently do? _____
- What are your fitness goals now? _____
- To improve your fitness levels are you prepared to make a commitment to classes 2-3 x week? _____
- To improve your health, are you committed to paying attention to the foods you buy and eat? _____

If you answered "yes" to all of the above, you are ready for your life to be better, and we can help you! But only if you do your part ☺ Let us make this a great month for *you*. Please inform us when your health history changes and complete a new form.

****Your email address helps us get you schedule updates, tips, local interest stories. We don't sell it or spam you. If you don't want to share it please check our business Facebook page for updates.**

CHILDREN ATTENDING ALAMOSHAP/ALAMOKIDS

You must complete a HH/Waiver for **each child attending classes at AlamoShape**. If your child is in the AlamoKids babysitting room you must list their names/ages/pertinent health information below. ***I understand the AlamoKids childcare room is NOT allergy sensitive and AlamoKids/AlamoShape assumes no responsibility for my child(ren)'s exposure to any allergens, known or unknown. Parent Initials*** _____

I MUST REMAIN ON THE ALAMOSHAP PREMISES WHILE MY CHILD(REN) ARE IN THE ALAMOKIDS PLAYROOM. MAXIMUM LIMIT OF 2 HOURS IN THE PLAYROOM PER VISIT. Parent Initials _____

I acknowledge that this waiver applies to all children I bring on the premises. Parent initials _____

Child 1 _____

Child 2 _____

Child 3 _____

If you have any negatives in your health history let us help you change your life for the better!