



Health History Questionnaire

Name: _____

Date of Birth: _____ Gender: Male Female

City, State, Zip: _____

Email: _____

Work Phone: _____

1. Are you under the care of a physician, chiropractor or other health care professional for any reason? Yes No

If yes, list reason: _____

2. Are you taking any medications? Yes No

Type	Dosage / Frequency	Reason for Taking
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Please list any allergies: _____

4. Please add any additional medical history which may affect your suitability for the services provided by 3Dimensional Fitness:

Head / Neck: _____

Upper Back: _____

Shoulder / Clavicle: _____

Arm / Elbow: _____

Wrist / Hand: _____

Lower Back: _____

Hips / Pelvis: _____

Thigh / Knee: _____

Lower Leg / Ankle / Foot: _____

- 5.

Heart Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	High Cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bone Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Angina	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Joint Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Abnormal EKG	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Health History Questionnaire

To what degree do you perceive your environment as stressful?

- Minimal Moderate Average Extremely

6. Please make any other comments you feel are pertinent to your Fitness, Stretching and/or Relaxation program _____

By signing this form, I represent and warrant that, to the best of my knowledge, the foregoing information is complete and accurate.

Name
Date:

Warning, Waiver of Liability and Release

WARNING

Neither **3DIMENSIONAL FITNESS**, its officers, agents, trainers, employees, or representatives use or carry a defibrillator at anytime. A defibrillator is an electrical device that provides a shock to the heart in the event of sudden cardiac arrest to restore normal heart rhythm.

Waiver of Liability and Release

In consideration of being permitted to participate in the activities and programs offered by 3DIMENSIONALFITNESS, and to use its equipment and machinery in addition to the payment of any fee or charge, I do hereby release, waive, forever discharge and covenant not to sue, 3DIMENSIONAL FITNESS, its officers, agents, trainers, employees, representatives, executors and all others ("3DIMENSIONAL REPRESENTATIVES ") from any and all responsibilities or liabilities to me, my personal representatives, assigns, heirs, and next of kin for any and all injuries, loss or damage, and any claim or demands therefore I may have now or in the future on account of injury to me or my property or resulting in my death arising out of or in connection with the services or advice of 3DIMENSIONAL REPRESENTATIVES, my participation in all activities and programs, my use of equipment or machinery or any act or omission, including negligence by 3DIMENSIONAL REPRESENTATIVES or otherwise.

Signed: _____

Date: _____

Witnessed: _____

Date: _____