

BODY BASICS

MEMBER INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME: () ___-___ WORK: () ___-___

BIRTHDATE: ___/___/___

TRAINING GOALS: _____

CONFIDENTIAL HEALTH HISTORY:

DATE OF LAST PHYSICAL EXAM: ___/___/___

ANY HEALTH CONDITIONS OR PAIN THAT MAY EFFECT YOUR ABILITY TO WORK WITH WEIGHTS? YES/NO

IF YES PLEASE EXPLAIN: _____

DO YOU HAVE HIGH OR LOW BLOOD PRESSURE? HIGH / LOW

DO YOU HAVE:

A HERNIA? YES / NO

SURGERIES? YES / NO

ACCIDENTS? YES / NO

JOIN PAIN? YES / NO IF YES, WHERE? _____