

Be Fit Physical Therapy & Pilates, LTD

Fitness Membership, Health & Physical Activity History

Name: _____

Address: _____

City: _____ State: _____

Home Phone: _____

Cell Phone: _____

Email: _____

How did you hear about us? _____

Age: _____

Height: _____

Weight: _____

Program goals

Body fat loss

Cardiovascular endurance

Muscular strength

Flexibility

Exercise History

Are you participating in a regular exercise program? Yes No

Explain _____

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Alternate Phone: _____

Physician Contact

Were you referred by a physician? Yes No

Name: _____

Address: _____

Phone: _____

Hospital Affiliation: _____

Date of last physical exam: _____

Date: _____

Medical History

Have you had or do you have...

Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chest pain/Angina	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congenital heart condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fibromyalgia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Low blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lung disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Multiple sclerosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parkinson's	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rheumatic fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seizure/Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any recent surgeries	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Present Symptoms

Within the last 12 months, have you had

Back Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chest pain/Angina	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough on exertion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Palpitations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Joint pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leg pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lightheadedness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea/Vomiting on exertion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swollen arms/Lymphedema	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Swollen legs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Allergies

Do you have a nut/latex allergy? Yes No

If so, do you carry an Epi Pen? Yes No

Do you have any other allergies Yes No

Tobacco Use

Never Occasionally Daily

Packs/day _____ # Years _____ Date quit _____

Explain any checked items

Fitness Center Policies and Procedures:

1. A valid Fitness Center membership is required for admission to the facility. No exceptions.
2. Proper attire is required at all times, including shirts and athletic shoes. No open toed shoes are allowed.
No jeans or denim. No wet, muddy or salty shoes.
3. Food and drinks are not allowed inside the facility. Plastic water bottles are acceptable.
4. The use of improper or dangerous exercise techniques is not permitted.
5. Be respectful and considerate of others. Do not engage in horseplay, arguing, or loud and offensive language.
6. The staff offices, telephones, and computer are off limits to members without permission.
7. No tobacco products, chewing gum, alcohol, drugs or illegal substance allowed in the facility.
8. All guests and visitors must report to the front desk and sign a waiver form.
9. The Fitness Center employees are authorized to expel users for failure to follow the fitness center policies.

WAIVER and INFORMED CONSENT

By signing this document, I acknowledge that obtaining a physician's examination and approval prior to beginning this exercise program is my choice. I fully understand that the program may be strenuous and choose to participate completely voluntarily. I accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way. I hold harmless of any responsibility, the instructor, facility or any persons involved with this program or testing procedure.

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise which can enhance the musculoskeletal and cardio-respiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack or death. By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility, the instructor, facility or any persons involved with this program and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

I verify the information provided above to be true and accurate to the best of my knowledge.

Signature

Date

Agreement for Facility Use

User agrees and represents that all exercises, treatment and use of all fitness center facilities shall be undertaken at the user's own risk, that he/she is in good physical condition and physically able to undertake any physical exercises and treatments provided by the center, and the corporation which owns the center and/or any affiliated companies and/or the respective agents and employees, shall not be liable for any claims, demands, injuries, damages, actions or causes of action, whatsoever, to user or his or her property arising out of, or connected with the use of any of the services and/or facilities of such corporation and of any affiliated companies and/or their respective agents and employees, or the premises where the same are located and the user does hereby expressly forever release and discharge said corporation and any affiliated companies and their respective agents, and their employees, from all such claims, demands, injuries, damages, actions or cause of actions. In a case of any accident, user agrees and concedes that he will be examined at his sole expense by a licensed physician who shall report in writing to both user and the Corporation owning the center.

Damage to facilities: User agrees to pay an extra charge for damage arising from any careless use of equipment, dropping of weights, or the like caused by user.

Personal Property: The center, and the agents and employees of the center shall not be responsible for damages, lost or stolen articles of clothing and other personal property of any user.

Compliance with Rules and Conditions: At the time this Agreement was executed, the center has given user a copy of its current Policies and Procedures. User agrees to keep and obey all Policies and Procedures and any additional or changed Policies and Procedures in the future prescribed by the center. Center reserves the right to add to or amend the rules and conditions at any time, and the center reserves the right to revoke or terminate this membership if user fail to keep and obey any of such Policies and Procedures.

I acknowledge that I have read this document and I agree to abide by the policies stated herein.

I verify the information provided above to be true and accurate to the best of my knowledge.

Signature

Date

Payment Authorization

You authorize regularly scheduled charges to your Credit Card or Bank Account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you, and the charge will appear on your Credit Card or bank Account Statement. You agree that no prior notification will be provided unless the date or amount change, in which case you will receive notices from us at least 10 days prior to the payment being collected.

Billing Details

Account Holder

Billing Address

City, State, ZIP

ACH Method

Type: Checking Savings Credit/Debit

Bank Name

Routing Number

Account Number

Card Method

Type: Credit Debit

Card Number

Expiration MM/YY

Subject to the following conditions:

- 1) The items shall be drawn on or about the date or dates of the Payment Schedule. The transactions on your bank statement will constitute receipts for payment on your account.
- 2) If the regular payments set forth on the Payment Schedule should vary in amount, you are entitled to notices at least 10 days before each payment of when it will be made and how much it will be.
- 3) By executing this agreement, you acknowledge your awareness that certain disclosures required by the Electronic Funds Transfer Act and its regulations are available for your review at the Company's website: benefitpt.com under terms and conditions
- 4) The privilege of making payments under this arrangement may be revoked by the Company if any item is not paid upon presentation.
- 5) If this preauthorization payment arrangement is revoked for any reason, this does not release you from your obligation (Payment Schedule).
- 6) A service fee will be assessed and drafted for any check, draft, credit card, or order returned for insufficient funds. or any other reason. A late fee will be assessed and drafted should any monthly payment become past due.
- 7) This preauthorization payment arrangement shall apply to the following Applications:

Date: _____

Account Holder Signature: _____