

**Health History Form**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**PHONE:** \_\_\_\_\_

**HEALTH REPORT:**

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**DOCTOR'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

- 1) Are you currently taking any medication? (circle one)    yes    no  
Type: \_\_\_\_\_ Reason: \_\_\_\_\_  
Type: \_\_\_\_\_ Reason: \_\_\_\_\_  
Type: \_\_\_\_\_ Reason: \_\_\_\_\_

2) Do you or have you ever had any of the following conditions?

<b><u>CONDITION</u></b> (circle one)			<b><u>DESCRIPTION</u></b>
Heart Attack	yes	no	_____
Stroke	yes	no	_____
Chest Pain	yes	no	_____
Hypertension	yes	no	_____
Diabetes	yes	no	_____
Cancer	yes	no	_____
High Cholesterol	yes	no	_____
Hernia	yes	no	_____
Arthritis	yes	no	_____
Thyroid	yes	no	_____
Anemia	yes	no	_____
Other	yes	no	_____

3) Have you ever been injured in any of the following areas?

<b><u>BODY PART</u></b>			<b><u>DESCRIPTION</u></b>	<b><u>WHEN</u></b>
Neck	yes	no	_____	_____
Shoulders	yes	no	_____	_____
Arms	yes	no	_____	_____
Abdomen	yes	no	_____	_____
Back	yes	no	_____	_____
Legs	yes	no	_____	_____

- 4) Are you currently under the care of a physician for any reason at all? (circle one)  
Yes    no    If yes, explain \_\_\_\_\_
- 5) Do you smoke cigarettes? (circle one)    Yes    no    If yes, how much? \_\_\_\_\_
- 6) Do you know of any physical condition that you have that could be aggravated by exercising or exerting yourself? (circle one)    Yes    no    If yes, explain \_\_\_\_\_
- 7) Are you taking any medication which could cause a reaction while exercising? (circle one)  
Yes    no    If yes, explain \_\_\_\_\_
- 8) Does your doctor know that you are beginning a new exercise program? (circle one)    Yes    no
- 9) If your doctor knows that you are going to begin a new exercise program, does he/she object?  
Yes    no    If yes, explain \_\_\_\_\_

**RELEASE**

I know of no physical or mental condition which I, or my doctor, feel could be aggravated by my using the equipment and facilities or, participating in activities sponsored by this facility. I agree to advise the facility management in writing if any of the above changes or if my doctor advises me to stop, reduce or otherwise adjust my exercise regimen at the facility. I will advise management immediately if I injured myself in any way while on the facility property. The information I have given on this form is, to the best of my knowledge, complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear PTW fitness member,

**W**elcome to the Physical Therapy & Wellness Institute, North Penn's only fully supervised exercise center. As part of the Physical Therapy Center (recently rated **The Best Physical Therapy Center** by The North Penn Reporter), we look forward to having you here. Our members range from age ten to eighty-seven, working out to improve their "game" with our sports performance programs or functional exercise approach. Everyone on the staff has one goal; to help you achieve your fitness and wellness goals safely.

**O**ur strengthening equipment is the most current on the market, offering bi-angular movements to avoid injuries while training including, easy to use pin selectorized and plate loaded machinery. The facility is also equipped with free weights, medicine balls, physioballs, and a plethora of other functional fitness equipment. Two 94 degree deep water pools are available at request for your non-weight bearing and cross training needs. Our staff offers advice and attention to several areas of health and fitness, including weight training, stretching, functional/sport performance exercises, cardiovascular conditioning, and nutrition. Baseline measurements are obtained on your first visit, and will be updated every 6 weeks at your request to measure your progress.

**W**hatever your specific goals, we will be there to help. With the tools and guidance we provide and your determination and commitment both here and at home, we know you will be able to achieve your goals! Included in this packet are some nutritional tips to help you obtain the benefits of a healthy diet. Also included are several forms further explaining our center's programs and philosophy.

**O**nce again, our entire staff looks forward to working with you and demonstrating our commitment towards helping you achieve your health and wellness goals.

## MEMBER GOALS

What kind of [cardio-vascular, muscular, functional, body composition, etc.] goals do you have? Please circle and explain.

Lose weight:

Improve Muscular Strength:

Improve Flexibility:

Improve Cardio-vascular Endurance:

Improve Muscular Endurance:

Gain Energy:

Stay Healthy with Disease/ Impairments:

Restore Sports Function:

Other:

## WAIVER & RELEASE FORM

Because physical exercise can be strenuous and subject to risk of injuries, the staff at PTW urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You (each member, guest, and all participating family members) agree that if you engage in any physical exercise or activity, or use any facility amenity on the premises or off the premises including any sponsored PTW event, you do so **entirely at you own risk**. Any recommendation for changes in diet including the use of food supplements, weight reduction and/ or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises and **assume all risks** of injury, illness, or death. We are also not responsible for any loss of your personal property.

This waiver and release of liability includes, without limitations, all injuries which may occur as a result of; (a) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment (c) our instruction, training, supervision, or dietary recommendations and (d) your slipping and/ or falling while in the facility or on the facility premises, including adjacent sidewalks and parking areas.

You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a **release of liability**. You agree to release and discharge the facility, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring legal action against the facility for personal injury or property damage.

To the extent that the statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Facility, it’s agent, and employees.

If any portion of this release form liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release form liability shall remain in full force and effect and the offending provision or provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_