



Golf Fitness Training Client Health History Form

Please answer each question by printing the necessary information. Your answers will be kept confidential.

Client Information and Release Form

Name _____ Birth Date _____ Gender _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) Home _____ Work _____

E-mail _____

Employer _____ Occupation _____

In case of emergency, please notify:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) Home _____ Work _____

Please note: In order to assist you in the development of a rewarding physical fitness program, we need to have your honest and accurate responses. Thank You.

General Medical History & Information

Are you under the care of a physician, chiropractor, or other health care professional for any reason?

If yes, list reason: _____

Are you aware of any disease or disorder that would complicate your participation in a testing or exercise program? _____

Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise? _____

Are you taking any medications? If yes please indicate the type of medication, dosage, frequency and reason(s) for taking it. _____

Please list any allergies _____

Has your doctor ever said your blood pressure was too high? _____

Are you over age 65? _____ **Are you unaccustomed to vigorous exercise?** _____

Is there any reason not mentioned here why you should not follow a regular exercise program?

If so, please explain _____

Please describe any past or current musculoskeletal conditions you have incurred such as muscle strains, sprains, fractures, surgery, back pain, or general discomfort:

Head / Neck _____

Upper Back _____

Shoulder / Clavicle _____

Arm / Elbow _____

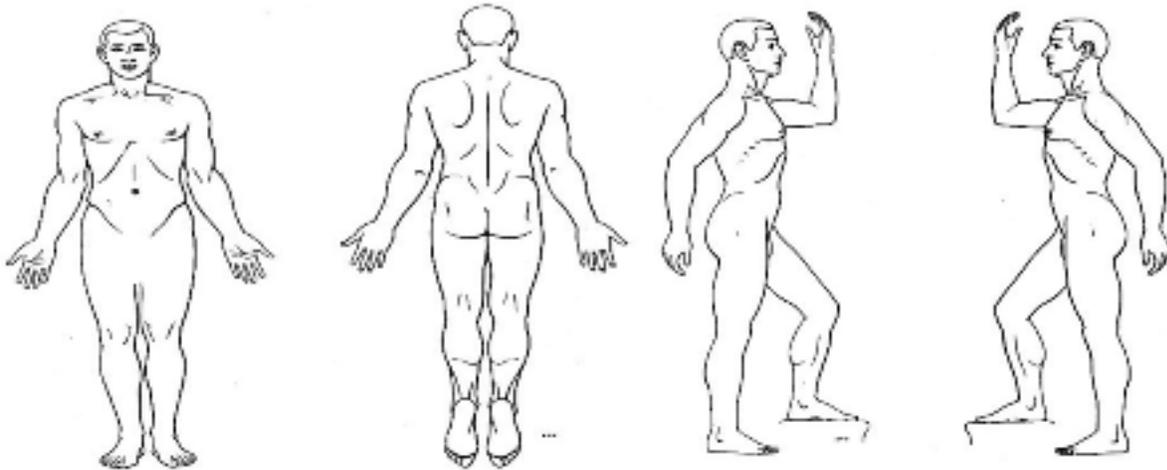
Wrist / Hand _____

Lower Back _____

Hip / Pelvis _____

Thigh / Knee _____

Lower Leg / Ankle / Foot _____



Please circle any areas of pain, injury, tension, or restriction of movement.

Have you recently experienced any chest pain associated with either exercise or stress?

If so, please explain _____

Do you have a family history of any of the following conditions?

Heart Disease _____ Heart Attack _____ Hypertension _____ Gout _____

Abnormal EKG _____ Asthma _____ High Cholesterol _____ Angina _____

Diabetes _____ Other heart conditions _____

Do you have a family history of cardiovascular disease? If so, how many occurrences and what approximate ages? _____

Are you a smoker? If so, what is your smoking frequency? _____

Are you on any specific food / nutritional plan at this time? _____

Do you take dietary supplements? If yes, please list _____

How many beverages do you consume per day that contains caffeine? _____

Do you experience any frequent weight fluctuations? _____

Have you experienced a recent weight gain or loss? _____

If yes, list change _____ Over how long? _____

Please take a moment to carefully read the following information and sign where indicated.

I understand that the personal training I receive is provided for the purpose of exercise instruction and guidance. I further understand that personal trainers are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, or provide nutritional planning, and that nothing said in the course of the session(s) given should be considered as such. I should see a physician, chiropractor, registered dietitian or other qualified medical specialist for any nutritional concerns, mental or physical ailment that I am aware of. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the personal trainer updated as to any changes in my medical profile, and understand that there shall not be liability on the personal trainer's part should I forget to do so. I understand that I have enrolled in the personalized golf fitness program offered through Alayna Ullom, LLC and/or John Kelley Golf, LLC, and it's personal trainers and affiliates. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various golf fitness activities. I herby affirm that I am in good physical condition and do not suffer from any know disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by Alayna Ullom, LLC and/or John Kelley Golf, LLC, and it's personal trainers and affiliates. In consideration of my participation in this program, I hereby release Alayna Ullom, LLC and John Kelley Golf, LLC, and/or it's personal trainers and affiliates from any claims, demands, and causes of action as a result of my voluntary participation and enrollment of the provided personal training services and/or exercise classes. I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release Alayna Ullom, LLC and John Kelley Golf, LLC, and/or it's personal trainers and affiliates from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death. **I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.**

Signature _____ **Date** _____

Consent for minors is required prior to first session.

Signature of Guardian _____ Date _____

Printed name of Guardian _____

Phone number the Guardian can be reached in case of emergency _____