Main Street, Dunedin, FL 34698
727-282-1800 | Fax: 727-469-8923

Initial Medical & Fitness Screening Form

A. Personal Information

Last Name | First Name | MI | Birth Date | Sex

Street Address | City | Zip Code

Cell Phone | Home Phone | Work Phone | Occupation

Is Florida your permanent address? If not, what months and where do you reside elsewhere?

Email | Cell Phone (if different) | Mobile Provider

Preferred Contact Method: ◯ TEXT & EMAIL ◯ EMAIL ONLY ◯ TEXT ONLY

In Case of Emergency, Contact: | Relationship | Phone

How Did You Hear About Rock Solid Fitness? | Date of Last Physical Exam

B. Past Operations and Dates

C. Have you participated In Physical Therapy? ◯ YES ◯ NO

D. List any medication you are on or currently taking:

Type of Medication	Dosage	Reasons for Taking

E. Are you allergic to any medications? ◯ YES ◯ NO | If YES, please list:

F. Indicate any injuries, past or present, or limitations that may affect your training program.

Foot:	Left ☐	Right ☐	**Wrist:**	Left ☐	Right ☐	**Abdominal:** ☐		
Ankle:	Left ☐	Right ☐	**Elbow:**	Left ☐	Right ☐	**Neck:** ☐		
Knee:	Left ☐	Right ☐	**Shoulder:**	Left ☐	Right ☐	**Back:** ☐		
Hip:	Left ☐	Right ☐	**Hand:**	Left ☐	Right ☐			

G. Personal/Family History

Please check all boxes that apply to you. If you checked a symptom box please elaborate. Also, please indicate if the condition occurs in your immediate family.

- ☐ High Blood Pressure
- ☐ Heart Attack or Stroke
- ☐ Cigarette Smoke
- ☐ Diabetes
- ☐ High Cholesterol Levels
- ☐ Asthma
- ☐ Eating Disorder
- ☐ Obesity
- ☐ Cancer
- ☐ Hernia
- ☐ Arthritis
- ☐ Thyroid Conditions
- ☐ Gait Problems
- ☐ Head Injury/Concussion
- ☐ Pregnant
- ☐ Osteoporosis

H. Please indicate your exercise level:

Activity	Times Per Day	Days Per Week

I. If you could have the ideal personal trainer, what would they be like and how would they motivate you?

If something will contribute to you missing workouts or being inconsistent with workouts, what do you expect it will be?

J. Indicate special goals you may have regarding your fitness program.

1.
2.
3.

K. What is your primary reason for strength training?

◯ Increased Energy ◯ Increased Focus ◯ Better Sleep ◯ Stronger Immune System ◯ Manage Stress ◯ Better Mood
◯ Mental Health ◯ Improved Cognition & Memory ◯ Self Discovery ◯ Other:

L. What is your primary reason for training with a personal trainer?

◯ Not Sure What To Do On My Own ◯ Not Seeing Results On My Own ◯ Extra Motivation ◯ Accountability ◯ Safety
◯ Learn More About Strength Training ◯ Personalized Fitness Plan ◯ Make Exercise More Fun ◯ Need To Be Challenged
◯ Have Progress Recorded ◯ Other:

M. What do you require to make sure you have a great day? (i.e. sleep, exercise, meditation, etc.)

N. Putting myself and my needs before others is: ◯ Something I practice daily ◯ Something I feel selfish doing

O. How would you rate the quality of your sleep each night? (1 being tossing and turning all night, and 10 being sleeping like a baby) ◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10

How would you rate your energy level throughout the day? (1 being always tired, and 10 being full of energy)

◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10

How would you rate your ability to handle your stress? (1 being bogged down by stress, and 10 being unaffected by stress)

◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10

How would you rate the aches and pains you experience daily? (1 being no aches/pains and 10 being constantly aching/in pain)

◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10

How much anxiety do you experience daily? (1 being none and 10 being constantly anxious)

◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10

P. How often do you eat breakfast & how long after you wake up?

Q. How much water do you drink everyday & how do you track it?

R. How many calories do you eat every day & how do you track it?

S. How often do you drink alcohol?

T. How often do you cook & how often do you go out to eat?

U. How many meals per day do you eat?

V. Do you try to avoid anything in your diet?

W. What nutrition information do you find confusing or conflicting?

X. What genre of music do you like to listen to while working out?

☐ Funk ☐ Rock ☐ Pop 80's-90's ☐ Today's Hits ☐ Dance ☐ Oldies

Give an example of a Band/Artist you enjoy:

Rock Solid Fitness Cancellation Policy

We have a Day Before cancellation policy. If you need to cancel or reschedule an appointment, please notify us by **8PM THE DAY BEFORE** your appointment. **Cancellations after 8pm the day prior to appointment will result in an additional $25 fee.**

By signing below, I verify that the information provided to Rock Solid Fitness is accurate to the best of my knowledge. I have read and understand the above questions regarding my health status. I was given sufficient opportunity to ask questions about the information contained in this document, my health status, and how exercise affects my health. I also acknowledge that I have read and understand the Rock Solid Fitness cancellation policy.

Client Signature: Date:

Parent/Guardian Signature: Date:

Instructor Signature: Date: