ROCK SOLID FITNESS

Main Street, Dunedin, FL 34698
727-282-1800 Fax- 727-408-5019

Initial Medical and Fitness Screening Form

A. Personal Information

Last Name First MI Birth Date Sex

Street Address City Zip

Cell Phone Home Phone Work Phone Occupation

Is Florida your permanent address?
◉ Yes ○ No – Please list secondary address and duration spent there down below.

_____

Email Address**:** _____Cell Phone:_____ Mobile Provider:_____

Contact Method Preferred:
○ **TEXT & EMAIL** ○ **EMAIL ONLY** ○ **TEXT ONLY**

In Case of Emergency, Contact: _____

Relationship: _____ **Telephone:** _____

How Did You Hear About Rock Solid Fitness FL? _____
Date of last physical exam: _____

B. Past Operations and Dates: _____
_____

C. Have you participated in Physical Therapy? ☐ **Y or** ☐ **N**

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

	Type of Medication	Dosage	Reasons for Taking
1.			
2.			
3.			

E. Are you allergic to any medications? No☐ Yes☐
If yes, please list: _____

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

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

G. Personal/Family History

Please check the column opposite each condition if it applies 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 present exercise activity level:

Activity	Times Per Day	Days Per Week

I. How do you want your Fitness Coach to show up for you/how would they motivate you?

_____

_____

J. Indicate specific goals you may have regarding your fitness program:

1. _____
2. _____
3. _____

K. Please circle your primary reason for strength training: Self Discovery

Other:_____

M. Please circle your primary reason for training with a personal trainer: Have Progress Recorded

Other: _____

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

_____

O. Putting myself and my needs before others is:

- ☐ Something I practice daily
- ☐ Something I feel selfish doing

P. 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. 10

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

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

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

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

10

Q. How often do you eat breakfast? _____ How long after you wake up do you eat breakfast? _____

R. How much water do you drink every day? _____ How do you know/track that? _____

S. How many calories do you eat every day? _____ How do you know/track that? _____

T. How often do you drink alcohol? _____

U. How often do you cook? _____ How often do you go out to eat? _____

V. How many meals per day do you eat? _____

W.Do you try to avoid anything in your diet? _____

X. What nutrition information do you find confusing or conflicting? _____
_____

Y. 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: _____

Z. Do you give Rock Solid Fitness permission to share your success?

- ☐ **Yes – Internally only (In studio only)**
- ☐ **Yes – Internally & Externally (In studio, social media, website, etc.)**
- ☐ **No – I do not give Rock Solid Fitness permission to share my success anywhere**

(a) Rock Solid 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:_____