



SUCCEED

PERSONAL. TRAINING. EVOLVED.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Sex: _____

Height: _____ Weight: _____

Age: _____ Birth Date: _____

Home Address: _____ Apartment Number: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address(es): _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

PHYSICIAN

Name: _____ Address: _____

Phone: _____ Fax: _____

CURRENT MEDICATIONS

<i>Name of Medication</i>	<i>Dose</i>	<i>How Often</i>	<i>Reason for Taking</i>

PREGNANCY

If female, are you pregnant or have you been pregnant in the past 3 months?

CARDIOVASCULAR RISK PROFILE

Diabetes Mellitus

Have you been diagnosed with diabetes or had a fasting blood glucose of ≥ 110 mg/dL confirmed by measurements on at least 2 separate occasions?

Blood Pressure

Have you been diagnosed with high blood pressure (systolic blood pressure of ≥ 140 mm Hg or diastolic blood pressure ≥ 90 mm Hg) confirmed by measurements on at least 2 separate occasions?

Serum Cholesterol

Are you on cholesterol-lowering medication?

Have you been told within the past 5 years that:

Your total serum cholesterol is >200 mg/dL?

Your serum high density Lipoprotein (HDL) cholesterol is <35 mg/dL?

Your serum HDL cholesterol is >60 mg/dL?

Your serum low density Lipoprotein (LDL) cholesterol is >130 mg/dL?

Exercise

Over the past 6 months, on average, please describe your level of physical activity.

Days per week:

Minutes per day:

Intensity level:

Types of activities:

Smoking

Do you currently smoke or use tobacco products?

Have you ever smoked or used tobacco products?

When did you quit?

Family History

Do any of your immediate family members (parents, siblings or children) have or have they ever had any of the following?:

Condition	Presence	Who	Age of Onset
Heart Attack			
Sudden Cardiac Death			
Coronary Artery Bypass Surgery or Angioplasty			

MUSCULOSKELETAL INJURIES / CONDITIONS

Please briefly describe any injuries or conditions that you may have.

Neck:

Shoulder:

Elbow:

Wrist:

Hand:

Back:

Chest:

Hip:

Knee:

Ankle:

Foot:

PERTINENT INFORMATION

If there is any pertinent information regarding your health history that has not already been described, please do so now.

To the best of my knowledge, the information I have provided is accurate. I will agree to inform my trainer of any changes in my health status. I acknowledge that I have no expectation of privacy in the medical information disclosed above and that Succeed, LLC has no responsibility or duty to maintain this information as confidential and private.

Signature of Client:

Date:

Signature of Parent or Legal Guardian:

Date:

CANCELLATION POLICY

I understand that I must give 24 hours minimum advanced notice for any cancellations or rescheduling of appointments. If I do not do so, I agree to pay in full for the time I reserved.

Signature of Client:

Date:

CLEAR FORM

SUBMIT