



BELLEVUE CLUB

Client History Questionnaire

Please complete and return to the Customer Service Representative at the Athletic Services Desk at least 2 days prior to your first scheduled session.

Getting Started: Sign up with a Bellevue Club personal trainer for your complimentary Initial Fitness Assessment. This 30-minute appointment includes the following services:

- Health Risk Appraisal
- Goal Setting
- Body Height/Weight
- Resting Heart Rate
- Body Mass Index
- Blood Pressure
- Body Circumference Measurements

Preparation: Wear loose comfortable clothing and proper athletic shoes.

Cancellation Policy: Bellevue Club has a 24-hour cancellation policy. Complimentary Initial Fitness Assessments will result in a charge of \$15 to your member account if cancelled in less than 24-hours, or no showed. Personal Training sessions will result in a full charge of the appointment to the member account, if cancelled in less than 24 hours or no showed.

Your Initial Appointment

Trainer: _____

Date: _____

Time: _____

Athletic Services Desk: 425-688-3177

Fax Line: 425.455.5480

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PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, the trainer has suggested that I receive an examination by a physician of my choice and obtain his/her approval for my participation in the prescribed fitness program. I am unaware of any physical condition that may affect my ability to participate in a fitness program. I agree that the Bellevue Club shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge the Bellevue Club, its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns. _____ (Initials)

TERMS AND CONDITIONS:

1. The information given on this questionnaire is correct to the best of my knowledge. I understand that absence of the physical problems listed on this form does not necessarily guarantee that I am in satisfactory health to participate in Bellevue Club activities. _____ (Initials)
2. Medical clearance from my physician may be required prior to participation in the exercise program. I agree to allow Bellevue Club to consult my physician and obtain written permission as needed. If my condition or medication changes, I will inform my Personal Trainer. _____ (initials)

All information will be kept confidential

PERSONAL INFORMATION

Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____
(If under 18 years, parent or guardian signature is required)

Membership #: _____ Date of Birth: ____ / ____ / ____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) ____ - ____ Work Phone:(____) ____ - ____ Email: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Day Phone: (____) ____ - ____ Night Phone: (____) ____ - ____

Family Physician

Physician's Name: _____ Physician's Phone: _____ Fax: _____

Physician's Address: _____ City: _____ State: ____ Zip Code: _____



BELLEVUE CLUB

CURRENT HEALTH STATUS

Date of last complete physical exam: _____

Age _____ Height _____ Weight _____

CARDIOVASCULAR DISEASE RISK FACTORS
(Please leave blank if you do not know the answer)

Risk Factor	Defining Criteria	Yes	No
Family History	Do you have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)?		
Tobacco Use	Do you currently use or have you quit within the last 6 months? (Include -cigarettes, pipe, cigars, chew, etc.)		
Blood Pressure	Is your Systolic blood pressure ≥ 140 mm Hg <u>or</u> diastolic ≥ 90 mm Hg?		
Cholesterol	Is your total cholesterol > 200 mg/dl?		
	LDL Cholesterol > 130 mg/dl?		
	HDL Cholesterol < 40 mg/dl		
Glucose	Is your fasting blood glucose ≥ 100 mg/dl?		
Obesity	Are you currently 20 pounds overweight?		
Sedentary Lifestyle	Are you physically inactive (get < 30 minutes of physical activity at least 3 days per week)?		

PAR-Q

YES NO

- Has your doctor ever said that you have a heart condition and that you should only do physical Activity recommended by a doctor?
- Do you feel pain in your chest when you do physical activity?
- In the past month, have you had chest pain when you were not doing physical activity?
- Do you lose your balance because of dizziness or do you ever lose consciousness?
- Do you know of any other reason why you should not do physical activity?

PAST MEDICAL HISTORY

Have you ever been diagnosed or experienced any of the following?

- Diabetes or abnormal blood sugar test
- Stroke
- Major musculoskeletal injuries
- Asthma
- Cancer
- Heart problems
- Epilepsy or seizures
- Back Pain

MEDICATIONS

Name:

Dosage:

NUTRITION

Have you ever been on a diet, or participated in a weight loss program? Yes No How long ago? _____

On a scale of 1-10, how would you rate your nutrition (1= very poor 10= excellent)? _____

How many times a day do you usually eat (including snacks)? _____

Do you eat breakfast? YES NO

How many glasses of water do you consume daily? _____

Would you be interested in meeting with Bellevue Club's onsite nutritionist? Yes No

EXERCISE

Are you currently involved in a regular training program? Yes No

Assess your overall fitness in each of the categories:

- Cardiovascular Excellent Good Fair Poor Don't know
- Strength Excellent Good Fair Poor Don't know
- Flexibility Excellent Good Fair Poor Don't know

Explain (modes, frequency, duration):

GOAL SETTING

How can a Personal Trainer Help you? Please check that which applies

- Lose Body Fat Develop Muscle Tone Rehabilitate an Injury Fun
- Safety Nutrition Education Start an Exercise Program Motivation
- Sport Specific Increase Muscle Size Advanced Program Design Other _____

Where do you rate your health in your life? Low Priority Medium Priority High Priority

How committed are you to achieving your fitness goals? Very Semi Not Very

Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

- 1.) _____
- 2.) _____
- 3.) _____

What do you think is the most important thing your Personal Trainer can do to help you achieve your fitness goals?

Thank you for taking the time to complete and return this form prior to your appointment

Motivation • Dedication • Education

Count On Us



BELLEVUE CLUB