

Rudy Hayek Consulting

Client Profile and Screening

(All information contained herein remains confidential between Rudy Hayek and client, unless client's physician and/or health care professional is involved in the screening, assessment and evaluation process)

NAME (type or print clearly)

Mr. Mrs. Ms. _____ Birthdate ----/----/-----

ADDRESS:

CITY: _____ **State:** _____ **ZIP:** _____

Phone () _____ **Alt Phone ()** _____

FAX () _____ **Email** _____

Best time and day to reach you _____

EMERGENCY CONTACT:

Phone: _____ **RELATIONSHIP**

Your Occupation/Vocation:

How long have you been in this job?

PRIMARY PHYSICIAN CONTACT INFORMATION

Name: _____

ADDRESS: _____

PHONE () _____ **FAX ()** _____

PROGRAM YOU ARE INTERESTED IN: Personal Training Workshop/seminar (title) _____

Group Class Partner Training Corporate On Line Consulting

Other _____

HOW DID YOU HEAR ABOUT US OR THIS PROGRAM? (Please circle selection(s))

Website Friend Family Work Print Ad Specifics: _____

(Office use only) METHOD OF PAYMENT:

Check # ----- Cash----- Credit Card----- (attach credit card receipt)

(Lead Page 1)

Client Name _____

TODAY'S DATE: _____

Health and Fitness History

- *All of the information contained herein is strictly confidential between Rudy Hayek, your physician, or healthcare provider, and you, the client.*
- *Please answer all questions honestly and to the best of your ability.*
- *This is your program and it's your life we want to help you improve. Help us to help you and be as thorough as possible with your responses and comments.*

1. Do you smoke tobacco? _____ If yes, how long have you been smoking? _____ How much and in what form? _____

2. Has your doctor ever said your blood pressure was too high or too low? Please explain

3. Do you ever have pain in your chest or heart; especially with exertion? _____

4. Do you ever notice extra, skipped, or rapid heart beats? _____

5. Are your ankles often badly swollen? _____

6. Do you have any known cardiovascular disease (*abnormal ECG, previous heart attack, atherosclerosis, etc.*)? _____

7. Does anyone in your family have a history of coronary disease, sudden death or congenital heart disease? If yes, please explain

8. Do you or anyone in your family have a history of diabetes? _____

9. Do you or anyone in your family have a history of pulmonary disease including asthma, Emphysema or bronchitis?

(Health and Fitness History page 2)

10. Do you often have difficulty breathing or unusual shortness of breath? _____

11. If so, how long have you been experiencing this condition? _____

12. Do you, now or ever have experienced any light-headedness or fainting? ____ If yes, please explain

13. Has your doctor ever told you your cholesterol level was high? _____

14. Do you consider yourself overweight? ____ By how much? _____

15. What do you consider your ideal weight and why?

16. When was the last time you were at that weight? _____

17. Do you have any injuries or orthopedic problems (bursitis, arthritis, bad back, bad knees, etc.)? ____

18. Have you had any recent illnesses, hospitalizations or surgical procedures? _____

19. Are you taking any prescribed medications and/or dietary supplements?

(Please explain in detail and please include the purpose of each medication/supplement)

20. Date of last physical examination _____

(Health and Fitness History page 3)

21. Pertaining to your health and fitness history, is there any additional information not mentioned in this form that you would like to disclose?

22. Are you currently involved in a regular exercise/fitness program? _____

23. Have you achieved your goals; (why/why not?)

I acknowledge, to the best of my ability, that I am in good health and have no known medical problems that would restrict my ability to participate in this exercise program.

_____ Signature _____ Date

If participant is a MINOR:

Parent or Guardian Signature

Print Parent or Guardian name: _____

Print participant's name _____ Age: _____ Male ___ Female ___

Today's Date: _____

GOALS

Your Name _____

Today's Date _____

List the 4 most important changes you would like to make with your body and/or your lifestyle. Please include *why* you want them as well. Your goals can include getting involved in a sport/activity or to improve one that you're currently doing. If you don't have 4 goals, just write down what you can think of.

Please be as *specific* as possible, and make sure you assign a *time line* for your goals ("...by next June I want to..."). Having a time goal boxes you into making a commitment, which is half the battle of getting started. However, don't set your sights so high that you make your journey unattainable. Take a few moments to think about what you're going to write. If you need more room to elaborate, please use the back of this sheet...

1.

2.

3.

4.

Rudy Hayek Consulting
PARTICIPANT RELEASE AND WAIVER AGREEMENT

I, _____, wish to participate in a health and fitness program offered by Rudy Hayek. I fully understand that there are inherent risks in participating in such a program(s) that engage(s) in occasional strenuous physical exercise. Being fully aware that I am responsible for myself, I agree that I have been advised, and that it is recommended to consult with my personal physician regarding my medical fitness level and readiness/preparedness to exercise, prior to engaging in such a health and fitness/exercise program.

In order to reduce the risk of injury and to maximize the positive outcomes and results of this program, I agree to inform Rudy Hayek of any changes in my health status which may require program modifications, changes and alterations of any component of my participation in this health and fitness program.

I further agree that Rudy Hayek shall not be held liable or responsible for any injuries to me, resulting from my participation in this fitness program, and that, I expressly release and discharge Rudy Hayek from all claims, actions, judgments and the like which may occur in connection with my participation in this program, excepting only in 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.

1. Your Signature:

Print your name _____

Today's date: _____

2. If participant is a MINOR:

Parent or Guardian Signature

Print Parent or Guardian name: _____

Print participant's name _____ Age: _____ Male ___ Female _____

Today's Date: _____

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