



Health History Information

Name: _____ Date: _____

Email: _____ ph: _____

Approx. date of last physical exam: _____ Date of birth _____

Physician's name: _____

Are you taking any prescriptions that affect exercise? Please list below:

Have you been affected by any of the following conditions in the past or present:

	yes	no
Heart Problems, chest pain or stroke		
High or low blood pressure		
Chronic illness or chronic pain		
Difficulty breathing		
Difficulty with physical activity		
Advice from a physician to not exercise		
Recent surgery (last 12 months)		
Pregnancy/ recent childbirth/c- section		
Muscle, joint or back disorder		
Any previous injury that still affects you		
Diabetes		
Thyroid condition		
Cigarette smoking habit		
Unhealthy cholesterol		
Hernia		
Arthritis		
Osteoporosis or osteopenia		

Please explain any yes answers below:

Please see reverse to complete

I, _____ have enrolled in an exercise program offered and facilitated by Iron and Grace Inc. and their contractors and hereby confirm that I am in good physical condition and that the information provided in my health history information intake form is accurate and true. In consideration of my participation in a program at Iron and Grace Fitness Inc., I hereby release Iron and Grace Fitness Inc. from any claims, demands, and causes of action arising from my willing participation in an exercise program. I fully understand that I may injure myself as a result of my participation and hereby release Iron and Grace from any liability now or in the future from illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.

Signature: _____ date: _____

Personal Training clients only

Please read and initial the following policies acknowledging Understanding and agreement

_____ I understand that the cancellation policy is as follows: All sessions are prepaid and reserve my commitment to an appointment. All cancellations by myself, or the trainer require a 24 hours advance notice. If cancellation is not within 24 hours, the client will be charged in full. It is at the trainer's discretion to waive or enforce this policy.

_____ I understand that the tardiness policy is as follows: When I am more than 20 minutes late for a session the trainer has the right to charge me and not service the session.

_____ Pilates Primers expire one month from first session. 10 session packages expire in 4 months. There are no refunds. In case of medical limitations, with doctor's note, packages can be extended or transferred.

_____ I will challenge and honor my body, mind and spirit and clearly communicate my needs and limitations to my trainer.