# Printed Registration Form

1. Print this form; fill in your information clearly and completely
2. Choose the method to return your forms

   By Mail: P.O. Box 43141
   Jacksonville, FL 32203

I would like to sign up for Personal Training Sessions: ______________________
(Write number of sessions here)

My Name: __________________________________ Date of birth (required) ______ / _______ / _______

Address:

_____________________________________________________________________________

Street City State/Zip

Home Phone: ____________________________ Cell Phone: ____________________________________

Job Title: _________________________________ Work Phone: _________________________________

Email: ___________________________________________

Emergency Contact Name: _________________________ Phone#: ________________________________

I rate my current fitness level as a ___________ (use scale of 1-10, 10 being highest = elite athlete)

My fitness main goal is:

_____________________________________________________________________________

My fitness goal for this personal training session is:

_____________________________________________________________________________

How did you hear about Abdominal Training Wheels, Inc.?

_____________________________________________________________________________

Abdominal Training Wheels, Inc.

If by Referral please provide their name: ____________________________________________

# MEDICAL HISTORY QUESTIONAIRE

All "YES" answers require a written explanation on the next page

| QUESTIONS | YES | NO |
|---|---|---|
| 1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)? | ☐ | ☐ |
| 2. Do you take any prescribed medication on a permanent or semi-permanent basis? | ☐ | ☐ |
| | ☐ | ☐ |
| 3. Do you have a seizure disorder (epilepsy? | ☐ | ☐ |
| 4. Do you have diabetes: Type I or Type II? | ☐ | ☐ |
| 5. Have you ever been found to be anemic (low blood count)? | ☐ | ☐ |
| 6. Do you have High Blood Pressure (hypertension)? | ☐ | ☐ |
| 7. Do you have or have you ever had Heart Disease? | ☐ | ☐ |
| 8. Do you have or have you ever had Lung Disease? | ☐ | ☐ |
| 9. Do you have or have you ever had Kidney Disease? | ☐ | ☐ |
| 10. Do you have or have you ever had Liver Disease? | ☐ | ☐ |
| 11. Do you have or have you ever had asthma? | ☐ | ☐ |
| 12. Do you have or have you ever had severe neck injury? | ☐ | ☐ |
| 13. Have you ever been knocked out? | ☐ | ☐ |
| 14. Have you had a broken bone or fracture in the past 2 years? | ☐ | ☐ |
| 15. Do you wear glasses or contact lenses? | ☐ | ☐ |
| 16. Have you ever injured your back? | ☐ | ☐ |
| 17. Do you have back pain? If YES, circle the best answer below<br>Almost Never Seldom Occasionally Frequently with vigorous exercise or heavy lifting | ☐ | ☐ |
| 18. Have you had knee pain in the past 2 years that has disabled you for longer than a week? | ☐ | ☐ |
| 19. Do you have other physical conditions, which cause pain? | ☐ | ☐ |
| 20. Have you had any surgical procedures? | ☐ | ☐ |
| 21. Are you currently pregnant? | ☐ | ☐ |
| 22. Have you ever had your body fat tested? | ☐ | ☐ |
| 23. Are you training for a specific event? | ☐ | ☐ |

*If you are unsure about the definition of any terms in this form, please call us to clarify. Do not assume.*

24. What are your goals for the next three months?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

PLEASE EXPLAIN ALL "YES" ANSWERS BELOW. PLEASE REFERENCE THE QUESTION NUMBER.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**NOTICE:** It is wise to seek your doctor's advice BEFORE beginning any health/fitness/nutrition program!