



HEALTH & EXERCISE HISTORY FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How did you hear about Barre? \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Are you a fitness instructor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

Emergency Contact Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Are you taking any medications/drugs? If yes, please list medication, dose, and reason.

Describe any physical activity you do somewhat regularly.

Are there any injuries or medical concerns?

Rate yourself on a scale of 1 to 5 (lowest to highest). Circle the number that best applies.

Characterize your present athletic ability: 1 2 3 4 5

Characterize your present cardiovascular capacity: 1 2 3 4 5

Characterize your present muscular capacity: 1 2 3 4 5

Characterize your present flexibility capacity: 1 2 3 4 5

Are you currently involved in regular exercise?

Strength training \_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

Cardio \_\_\_\_\_ minutes/day \_\_\_\_\_ days/week

Rate your perception of exertion of your current exercise program. Circle the number that best applies.

(1) Light (2) Fairly light (3) Somewhat hard (4) Hard