

**FUNCTIONAL Physical Therapy and Fitness**  
**150 N. Santa Anita Ave. # 210**  
**Arcadia, CA 91006**

Personal Training & Conditioning

(626) 446-3862 voice  
(626) 446-3860 fax

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Medical History Form

GENERAL INFORMATION

Name: \_\_\_\_\_ Client # \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Address: \_\_\_\_\_.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_.

Telephone: (home): ( ) \_\_\_\_\_ (work): ( ) \_\_\_\_\_.

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ E-mail: \_\_\_\_\_.

Physician: \_\_\_\_\_ Diagnosis: \_\_\_\_\_.

Date of Injury or Condition Onset: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Insurance Carrier: \_\_\_\_\_ Claim No: \_\_\_\_\_.

Claims Adjuster: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_.

YES    NO

1. Has your doctor ever said that you have any cardiovascular problems?
2. Do you frequently suffer from chest pains?
3. Have you ever had a heart attack?
4. Do you ever experience an irregular or racing heart rate during exercise or at rest?
5. Do you often feel faint or have spells of severe dizziness?
6. Has a doctor ever said that your blood pressure is too high?
7. Do you often have difficulty breathing?
8. Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be aggravated with exercise?
9. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
10. Are you over age 65 and not accustomed to vigorous exercise?
11. Are you diabetic?
12. Are you pregnant?

MEDICAL INFORMATION

1. Date of last physician visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

2. List any medications you are now taking and the reason for which they were prescribed:

\_\_\_\_\_.

\_\_\_\_\_.

3. Describe your condition: \_\_\_\_\_.

\_\_\_\_\_.

4. List any surgical procedures you have undergone: \_\_\_\_\_.

\_\_\_\_\_.

5. Have you received physical therapy or chiropractic care: \_\_\_\_\_.

6. Do you or any member of your immediate family (mother, father, sister or brother) been diagnosed

with: Diabetes: \_\_\_\_\_, Heart Disease: \_\_\_\_\_, Stroke: \_\_\_\_\_, High Cholesterol: \_\_\_\_\_.

Obesity: \_\_\_\_\_, Hyperthyroidism: \_\_\_\_\_.

7. How many hours a week do you work?    20    30    40    >40

8. How do you spend most of your time at work?    Sitting    Standing    Carrying loads

Driving    Walking    Other

9. Do you smoke?    YES    NO

10. How many times per week do you engage in moderate or strenuous exercise for at least 30 minutes?

1    2    3    4    5    6    7

11. Do you have any pain while exercising?    YES    NO    If yes, rate on a scale of 1-10: \_\_\_\_\_.

Signature: \_\_\_\_\_    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

In case of emergency notify the following person:

Name: \_\_\_\_\_    Phone: (home): ( ) \_\_\_\_\_.

Address: \_\_\_\_\_    (work): ( ) \_\_\_\_\_.

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_.

# ***FUNCTIONAL Physical Therapy and Fitness***

**150 N. Santa Anita Ave. Suite 210**

**Arcadia, CA 91006**

Personal Fitness Training & Conditioning

(626) 446-3862 voice

(626) 449-9382 fax

## **Personal Training Agreement and Release of Liability**

The undersigned, in consideration of Functional Physical Therapy, Inc., doing business as Functional Physical Therapy and Fitness, a California corporation (“FPT”), giving me access to its facilities and premises located at 150 N. Santa Anita Ave., Suite 210, Arcadia, CA 91006 (“Premises”) and its services during designated hours of operation agrees as follows:

1. I (and all my guests) acknowledge that if I engage in any physical exercise or activity or use FPT’s facilities or Premises that I do so at my own risk. This includes without limitation my use of the locker room, workout areas, restrooms, stairs, parking areas, sidewalks or equipment located at the Premises and my participation in any activity, class, program or instruction at the Premises. I agree that I am voluntarily participating in these activities and using these facilities and the Premises and assume all risk of injury, illness, damage or loss to me or my property that might result including, without limitation, any loss or theft of my personal property.

2. I release and discharge FPT and each of its directors, officers, agents, employees, representatives (including without limitation any third party independent contract trainers), Thomas F. Strafaci, David Im, and Frank Chow individually, and each of their successors, assigns, personal representatives, heirs, executors, administrators and agents from any and all claims, causes of action, or liabilities (known or unknown) arising out of negligence or otherwise on the part of any or all of said persons as to the activities and Premises described above. This release of liability includes without limitation injuries or damages which may occur as a result of: (a) My use of exercise equipment or facilities which may malfunction or break; (b) the improper maintenance of any exercise equipment, facilities or the Premises; (c) negligent instructor’s supervision; and (d) my slipping and falling while at the Premises or any property adjacent thereto.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY IT I AM WAIVING ANY RIGHTS THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST ANY OF THE ABOVE-DESCRIBED PERSONS FOR THE MATTER DESCRIBED IN THIS DOCUMENT.

3. The foregoing Agreement and Release of Liability is intended to be as broad and inclusive as is permitted by the law of the States of California. If any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

4. I understand that strength, flexibility and aerobic exercise, including the use of equipment is a potentially hazardous activity, that fitness activities involve the risk of injury or even death, and that I am voluntarily participating in these activities and using

equipment with knowledge of the dangers involved.

5. I understand that FPT's program does not provide any form of medical treatment nor is FPT, Thomas S. Strafaci, or any of the other above-described persons providing any form of physical therapy treatment.

6. FPT, Thomas S. Strafaci, David Im, and Frank Chow, or any of the above-described persons can refuse to provide services at any time without cause or notice. *If an appointment is not cancelled at least 24 hours prior to the appointment, I understand that a full charge will be made for the services to have been provided at the appointment.*

7. Payment for services is due immediately upon presentation of an invoice detailing such services and the charges therefore.

8. If legal action is brought to enforce the terms of this Agreement and Release of Liability the prevailing party in any such action shall be entitled to reasonable attorneys' fees as part of the award in such action.

9. This Agreement shall be governed by and construed under the laws of the State of California except for any such laws that would require the laws of another jurisdiction to apply.

10. This Agreement shall be binding on the successors, assigns, agents, personal representatives, heirs, executors and administrators of the parties hereto.

I acknowledge that I have been urged by FPT to seek the advice and approval of my physician before beginning any exercise program.

I agree to the foregoing terms and conditions including the release of liability provided for above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_