

The SuperSlow® Zone Research Center, Inc.

General Information

Name _____ Sex ___ D.O.B ___/___/___

Home Phone _____ Pager/Cell _____

Address _____ City _____ Zip _____

Occupation _____ Business phone _____

In case of emergency, call _____

Relationship _____ Phone _____

How did you hear about us? _____

Email address _____

Health Analysis

Do you have, or have you ever had high or low blood pressure?

Do you have any history of aneurysms?

Do you have diabetes?

Do you have a heart condition? If so, do you have any restrictions or special diet you must adhere to?

Have you had any recent major illnesses? Any allergies?

Have you had a major or minor (outpatient) surgery in the last 5 years?

Are you taking any medications? Do you use any over-the-counter meds more than once a week?

Have you ever experienced dizziness or fainting spells?

Do you have any lower back pain, tension, or fatigue?

Do you have any neck pain, tension or fatigue?

Do you experience frequent headaches?

Do you have any joint pain (shoulders, elbows, wrists, hips, knees, ankles, etc)?

Can you think of anything to add which your trainer might need to know in order to keep your exercise sessions safe and productive?

Exercise Goals and Concerns

What exercise and/or recreational activities have you participated in during the past?

What exercise and/or recreational activities are you engaged in currently?

Are there any physical recreational activities or sports which you would like to participate in once you have achieved a greater level of physical fitness?

How would you rate your current level of physical fitness?

Which exercise goals and/or results are most important to you? Circle all that apply:

- | | |
|-------------------------------------|--|
| Fat Loss/Improved Body Shape | Increased Muscular Size and Strength |
| Increased Muscular Endurance/Energy | Cardiovascular Conditioning and Health |
| Improved Athletic Performance | Increased Bone Strength/Density |
| Improved Flexibility | Physical Rehabilitation |
| Relief from Lower Back Pain | Relief from Neck Pain |
| Relief from Stress/Muscular Tension | Increased Self Esteem/Self Confidence |

Other:

I certify that the above statements are true and complete to the best of my knowledge, and release The SuperSlow Zone Research Center, Inc. from all claims, injuries, damages, actions or causes of action, and from all acts of active or passive negligence on the part of the company, facility, its owners, agents or employees.

Also, I understand the Cancellation Policy to be a minimum notice for missed appointments at 12 hours. Any less is to incur a full charge.

Signed _____ Date _____

Instructor _____ Date _____