



Contact Info

Name _____ Date _____
Age _____ Sex _____ Phone Number _____
E-mail _____
Physician(s) _____ Physician's Phone Number _____
Emergency Contact:
Name _____ Phone Number _____

Program Details

Please check the services you are interested in:

Bootcamp _____
Online Training _____
Personal Training _____

Health History

Are you taking any Medications? _____ Please list below:
Medication Dosage Reason Taking Since

Do you have or have you had any of the following in the past?

- _____ Heart Problems, Chest Pain or Stroke
- _____ High Blood Pressure
- _____ Any Chronic Illness or Condition
- _____ Difficulty with Physical Activity
- _____ Recent Surgery (past 12 months)
- _____ Pregnancy (past 3 months)
- _____ History of Breathing or Lung Problems
- _____ Previous Injury Still Affecting You (Including Joint, Muscle or Back Disorder)
- _____ Diabetes or Thyroid Condition

_____ High Cholesterol
_____ History of Heart Problems in Immediate Family
_____ Hernia or any condition that may be aggravated by lifting weights

Has your doctor ever advised you not to exercise? _____
Do you smoke? _____ Were you ever a smoker? _____
How much did/do you smoke _____ When did you stop smoking _____

How did you hear about DeVetter Fitness Boot Camps and Personal Training?

What are your goals? Are you interested in individual or group personal training to complement the boot camp?