KOA FIT

Personal Info Form

Today's Date_____

Personal Info:

Name_____ Birthday_____

Street Address_____

City_____ State_____ Zip Code_____

Phone_____ Email_____

Best way to reach you? _____Email _____Phone _____ Text

How did you hear about us?_____

Doctor and Health Info:

Primary Doctor_____ Phone_____

City/Town_____ Fax_____

Secondary Doctor/Specialist_____

Specialty_____ Phone_____

City/Town_____ Email _____

Emergency Contact:

Name_____ Phone_____

Relationship_____ Email_____

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Health History Form

Date:_____ Name:_____

The Health History Form is designed to help identify individuals for whom physical activity might be inappropriate at the present time. It is not intended to substitute for a complete physical examination and assessment by a physician. With this understanding, please answer the following questions accordingly.

1. Do you currently have an illness or infection? _____Yes _____No

   If you answered yes, please explain:

   _____

   _____

2. Have you been hospitalized in the last year? _____Yes _____No

   If you answered yes, please explain:

   _____

   _____

3. Have you had major surgery in the last year? _____Yes _____No

   If you answered yes, please explain:

   _____

   _____

4. Are you pregnant? _____Yes _____No

5. Have you given birth in the last 12 months? _____Yes _____No

6. Do you have a history of any of the following heart conditions?

Please check all that apply

_____High Blood Cholesterol _____Irregular Heart Beat (arrhythmia)

_____Arteriosclerosis _____Heart Attack

_____Stroke _____Family History of Heart Disease

_____High Blood Pressure _____Other:_____

Explain:_____

_____

_____

7. Do you have a history of any of the following conditions?

_____Diabetes _____Kidney Disorder

_____Thyroid Disorder _____Liver Disease

Explain:_____

_____

_____

8. Do you currently smoke or vape? _____Yes _____No

Tobacco _____Yes _____No

Marijuana _____ Yes _____ No

Vape _____ Yes _____ No

If yes, for how long?_____How much per day?_____

9. Have you smoked/vaped (tobacco) in the past _____Yes _____No

If yes, how long since you quit?_____

10. Do you have a history of any of the following respiratory conditions?

Please check all that apply

_____Asthma _____Emphysema

_____Bronchitis _____Other:_____

Explain:_____

_____

11. Do you have a history of any of the following injuries or orthopedic problems?

Please check all that apply

_____Joint Problems _____Bursitis _____Broken Bones

_____Bad Back _____Arthritis _____Dislocation

_____Tendonitis _____Bad Knee _____Other:_____

Explain:_____

_____

_____

12. Are you currently receiving Physical Therapy? _____Yes _____No

If you answered yes, please explain:

_____

_____

_____

13. When was your last physical? _____

14. Are you currently taking any medications? _____Yes _____No

If you answered yes, please explain:

_____

_____

_____

15. What is your current fitness level?

_____

_____

16. If you are active, how many times a week do you workout?

Cardio:_____ Activity:_____

Strength:_____ Activity:_____

Other:_____ Activity:_____

17. What do you enjoy doing in your free time? Hobbies? Interests?

_____

_____

_____

18. Is this your first time going to a gym? _____Yes _____No

19. Do you drink? _____Yes _____No

If you answered yes, how often?_____ How much?_____

20. Do you experience chronic fatigue or exhaustion? _____Yes _____No

21. Do you experience chronic pain or discomfort? _____Yes _____No

22. Do you feel unstable or experience problems with your balance? _____Yes _____No

I acknowledge to the best of my ability, that I have answered the above questions completely and honestly. I reaffirm that I have no known medical problems that would restrict my ability to participate in this exercise program. I also understand that any physical activity involves risk. I do hereby waive, release and forever discharge Koa Fit and its trainers from any and all responsibilities or liability from injuries or damages as a result of my participation in any activities or use of equipment or machinery.

Print_____ Sign_____

Trainer_____ Sign_____

Cancellation Policy and Liability Waiver

Cancellation Policy

All sessions and session packages will be paid for in advance. Cancellations must be made at least twenty-four (24) hours prior to the scheduled massage appointments and twelve (12) hours prior to personal training appointments. If cancellations fall within these time periods, it is considered a late cancellation and you will be charged in full for your session. If you hold a weekly time slot and have three (3) or more late cancellations, that time slot can be given to another client.

Print Name_____

Sign_____ Date_____

Liability Waiver

By my signature below, I understand that the instructors, trainers, staff and the facility (Koa Fit) assume no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from participation in a class, training session, massage therapy session and/or from the use of the equipment at the facility. I do hereby acknowledge that participation in in-person and virtual Koa Fit Assessments, Consultations, Personal Training, Group Fitness Classes involves risk of injury and that as a condition to participation in online and/or in-person fitness programs, I assume full responsibility for such risks. In addition, I understand that I should consult with my physician before beginning any physical activity. I expressly acknowledge that I assume the risk for any and all injuries and illnesses, which may result from participation in any offerings by Koa Fit. I hereby release and discharge the instructor and the facility from any and all claims for injury, illness, death, loss or damage, which may result from my participation in activities at this facility.

Print Name_____

Sign_____ Date_____

KOA FIT

Goal Sheet

1. What is your primary health and fitness goal?

2. What are your secondary goals?

3. What do you expect from Koa Fit to help you achieve these goals?

4. What, if any, are the obstacles that stand in the way of you achieving your goals?

5. What is your plan to overcome these obstacles?

6. What is the timeframe you have given yourself to achieve these goals?