

ULLUCCI SPORTS MEDICINE & PHYSICAL THERAPY STRENGTH & CONDITIONING

General Information

Date: ____/____/____ Package: Personal Training Sports Performance Membership

Name: _____ Date of Birth: ____/____/____

Mailing Address: _____ Phone (H): _____

_____ Phone (C): _____

_____ Phone (W): _____

Email: _____

Emergency Contact: _____ Best Phone: _____

Relation To you: _____

Medical Information & History

Date of Last Physical: ____/____/____

List all Current Medications:

Medication 1: _____ Reason: _____

Medication 2: _____ Reason: _____

Medication 3: _____ Reason: _____

Additional Notes:

Orthopedic Conditions & Injuries:

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Please Circle any of the following for which you have been diagnosed or treated by a physician or health professional:

Alcoholism	Diabetes	Kidney Problem
Anemia, sickle Cell	Emphysema	Mental Illness
Anemia, Other	Epilepsy	Neck Strain
Asthma	Eye Problems	Obesity
Aneurysm	Back Strain	Gout
Bleeding Trait	Hearing Loss	Rheumatoid Arthritis
Chronic Bronchitis	Heart Problem	Stress
Stroke	Cancer	High Blood Pressure
Thyroid Problem	Cirrhosis	HIV
Stomach Ulcer	Concussion	Hypoglycemia
Hyperlipidemia	High Cholesterol	Other: _____

List any Surgical Procedures you have had done and when:

Has anyone in your family suffered a heart attack before the age of 55? Yes No

If yes, who and what age?

Do you currently Smoke? Yes No Have you ever Smoked on a consistent basis? Yes No

If you Smoke, indicate the amount per day you smoke:

Cigarettes: 1-9 10-19 20-39 over 40 Cigars or pipes: Less than 5 More than 5

Other health information:

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Health, Fitness & Strengthening Activities

Do you currently exercise regularly? Yes No Date of last Fitness Evaluation: _____ / _____ / _____

If yes:

How many days a week do you accumulate 30 minutes or more of moderate exercise or activity?

0 1 2 3 4 5 6 7 days a week

How many days a week do you accumulate 20 minutes or more of vigorous exercise or activity?

0 1 2 3 4 5 6 7 days a week

What kind of fitness or healthy activities do you engage in at least 1 time per week?

Describe your experience in health, fitness & strengthening activities:

Have you ever workout with a Personal Trainer/Strength & Conditioning Professional before? Yes No

Self Evaluation on Health, Fitness & Strengthening

	1-Poor	2-Fair	3-Average	4-Good	5-Excellent
Quality of Sleep	1	2	3	4	5
Quality of Nutrition	1	2	3	4	5
Knowledge of Nutrition	1	2	3	4	5
Level of Fitness	1	2	3	4	5
Level of Strength	1	2	3	4	5
Level of Endurance	1	2	3	4	5
Quickness	1	2	3	4	5
Agility	1	2	3	4	5
Balance	1	2	3	4	5
Flexibility	1	2	3	4	5
How healthy is your lifestyle	1	2	3	4	5
Compliance with last training program	1	2	3	4	5
Knowledge of Fitness/Strength Training/Conditioning Training	1	2	3	4	5
Posture	1	2	3	4	5
Resistance to Injury	1	2	3	4	5
Resistance to Illness	1	2	3	4	5
Overall how would your rate your overall lifestyle	1	2	3	4	5

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Nutritional Behavior Questionnaire

How many servings of fruits and vegetables do you eat per day?

0 1 2 3+

How many caffeinated drinks (coffee, tea, cocoa, soft drinks) do you drink per day?

0 1 2 3+

How many glasses of water do you drink per day? (1 glass = 8 ounces)

0-3 4-5 6-7 8+

How many meals do you eat per day?

1-2 3-4 5-6 7+

I cook with and eat fats:

- Nearly always cook/eat high fat foods (fried foods, shortening, butter, creams)
- Cook/eat mostly high fat foods
- Cook/eat both high and low fat foods
- Cook/eat mostly low fat foods
- Cook/eat only low fat foods

My bread/grain eating habit is:

- Nearly always refined (white bread, grains, rolls, crackers, & cereal)
- Eat mostly refined grain products
- Eat a mixture of refined and whole grain products
- Eat primarily whole grain products
- Eat only whole grain products

How often do you eat out?

- I eat out nearly every day
- I eat out several times each week
- I eat out a few times each month
- I seldom or never eat out

My salty food habit is: (check all that apply)

- I rarely eat salty foods (chips, pickles, soups, add salt to foods)
- I occasionally eat salty foods
- I regularly eat salty food
- I add salt to the foods I eat

During the past 30 days, did you “diet” to lose weight or to keep from gaining weight? Yes No

If Yes explain: _____

My high fat snack eating habit is:

- I eat high fat snack foods (potato chips) 3 or more times daily
- I eat high fat snacks once or twice daily
- I eat high fat snacks a few times each week
- I rarely or never eat high fat snacks

How often do you eat red meat?

- I eat red meat nearly every day
- I eat red meat several times each week
- I eat red meat a few times each month
- I seldom or never eat red meat

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How often do you eat cookies, cakes, & sweets?

- I eat cookies, cakes, & sweets
- I eat cookies, cakes, & sweets several times each week
- I eat cookies, cakes, & sweets a few times each month
- I seldom or never eat cookies, cakes, & sweets

How many alcoholic beverages do you consume per week? 0-3 4-5 6-7 8+

On average I sleep ____ hours a night. 3-4 5-6 7-8 8+

Outside of work, what physical and/or social activities do you engage in?

Explanation of Services

Sports Performance: Designed to give the individual or group who are serious about enhancing their performance for their sport or activity. This program will provide the individual or group with a functional movement screening, training program designed for the 6 or 12 week period for their sport or activity, and individual exercises based off of the functional movement screen. I understand that by signing up for a sports performance package of 6 or 12 weeks that they are consecutive weeks. I also understand that by signing up for 2 or 3 sessions per week that they are 2 or 3 sessions per week. Sessions may not be carried over to other weeks. Individual cases of needing to hold or split a sports performance package are solely at the discretion of Ullucci Sports Medicine & Physical Therapy.

Signature of Participant: _____ Date: / /

Signature of Parent/Guardian if under 18: _____ Date: / /

Gym Membership: Our gym is designed around the premise of resistance training via free weights. We have equipment not readily available at most gyms and require proper technique when utilizing it. If the gym staff feels that you are using incorrect form or technique for a piece of equipment they will require you to have individual instruction on the piece of equipment before you may utilize it in your training. This individual instructions session will be at the member personal training fee of \$35.00 for 1 hour. By signing up for a membership at \$50.00 per month to the Ullucci Sports Medicine & Physical Therapy Weight Room I understand that I may only use the Gym during hours which it is staffed. I understand that the hours of operation may change with or without notice. In order to prevent overcrowding I understand that I must schedule a times that I am planning to come in and use the facility. If showing up without a scheduled time we reserve the right to ask you to either wait or return at another time. If you are going to utilize the facility for over one hour you must schedule multiple times. I understand that my membership is for one month and I do not need to pay form multiple months up front.

Signature of Participant: _____ Date: / /

Signature of Parent/Guardian if under 18: _____ Date: / /

Personal Training: Personal training services are for one hour. A personal training session has a fee of \$50.00 for non members and \$35.00 for members. A Personal training session is designed to be a one on one training session with a coach but, maybe used for testing (functional movement, body fat, aerobic fitness, strength, anaerobic fitness, & etc.), instruction on an exercise technique (i.e. Olympic weightlifting technique, squat training, etc.), program design. I understand that personal training services are one on one. Group rates are available on request at (\$25.00 for members & \$35.00 for non members per person).

Signature of Participant: _____ Date: / /

Signature of Parent/Guardian if under 18: _____ Date: / /

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Informed Consent for Exercise Participation

I desire to engage voluntarily in a Strength & Conditioning program at Ullucci Sports Medicine & Physical Therapy, Inc. to improve my fitness level. The program I am participating in is designed to develop, improve, and/or maintain some or all of the following: my cardiorespiratory fitness, body composition, flexibility, muscular strength, muscular endurance, agility, balance, and lean muscle mass. The various methods to achieve the objectives of my training program may include some or all of the following: aerobic exercise, anaerobic exercise, strength training, flexibility training, and functional training. These methods may include some or all of the following equipment: Treadmill, bike, free weights (dumbbell, Barbell, & other forms or resistance), floor exercises, balance training devices, elastic resistance devices, and boxing. I understand that anyone beginning a new or unfamiliar activity should always have a physical examination by a licensed health care professional. I verify that I am physically fit and in good health, and I do not have any mental or physical condition which would restrict in any way my ability to participate in a strength & conditioning, fitness, or training program.

I understand further that some of these activities are designed to place a gradually increasing workload on the cardiorespiratory and musculoskeletal system in order to increase or change my strength, endurance, cardiovascular health, and/or body composition. I acknowledge that participation in any exercise program entails a risk of injury and that there is also a risk of certain physical changes that could occur during or following the exercise program. These changes may include, among others, abnormalities in blood pressure, heart rate increase, fainting, disorders of heart rhythm, stroke and in very rare instances heart attack or even death. The reaction of my cardiopulmonary and musculoskeletal system cannot be predicted with complete accuracy, and I understand that I am responsible for monitoring my own condition throughout the exercise session. I understand that every effort will be made to minimize these occurrences by proper screening and by precautions and observations taken during the exercise session by the Ullucci Sports Medicine & Physical Therapy staff. However, should any unusual symptoms occur, I am the responsible party to immediately stop the activity and inform the Ullucci Sports Medicine & Physical Therapy staff of my symptoms. I understand that there is a risk of injury, heart attack, or even death as result of my participation in an exercise program, but knowing those risks, it is my desire to partake in the recommended activities. I understand that participation in an exercise program has many health related benefits. These may include improvements in body composition, range of motion, musculoskeletal strength and endurance, and cardiorespiratory efficiency. Furthermore regular exercise can improve blood pressure and lipid profile, metabolic function, and decreases the risk of cardiovascular disease.

I have been informed that during my participation in the exercise program I will be asked to complete physical activities that may elicit physiological responses/symptoms that include but not limited to the following: elevated heart rate, elevated blood pressure, sweating, fatigue, increased respiration, muscle soreness, cramping, and nausea.

I have been informed that the information obtained in this exercise program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. Any other information obtained, however, will be used only by the staff of Ullucci Sports Medicine & Physical Therapy to evaluate my exercise status as needed.

I understand that it is ultimately my responsibility to ask questions about the exercise program and exercises selection if the staff member of Ullucci Sports Medicine & Physical Therapy does not explain what you are requested to perform to your full understanding. I understand that the theory, technique, and principles behind exercise prescription and program design are highly complex and that the certified professional employed by Ullucci Sports Medicine & Physical Therapy prescribes exercise and designs programs around my goals and the information provided by myself.

I also agree to assume all risks of performing this exercise program and, on my own behalf, and on behalf of my heirs and legal representatives, I hereby release and hold harmless Ullucci Sports Medicine & Physical Therapy, Inc., its officers, directors and staff members, including those conducting the exercise program, from any and all claims, suits, debts, liabilities, losses, recoveries, costs and expenses (including attorneys' fees) or related causes that may result from any injury or death, accidental or otherwise, during or arising in any way from the exercise program.

I agree to the above signed explanation of the service for which I have sign up. I understand that Ullucci Sports Medicine & Physical Therapy may change costs of their services at anytime and this change will NOT affect the current service I am participating in. I further authorize Ullucci Sports Medicine & Physical Therapy, Inc. to bill me \$30.00, above and beyond any charges for services rendered, for each check returned by my bank as unpaid.

Signature of Client: _____

Date: _____

Signature of Parent/Guardian if under 18: _____

Date: _____