Influence Fitness & Defence Pre-Exercise Form

Name ____ D.O.B. _______________________

Address ____

Phone work ___________________ Home___________________ Mobile______________________

Occupation ____E-mail_________________________

- **What results do you wish to achieve?**

☐ Reduce body fat ☐ Strength Training ☐ Weight Loss

☐ Stress Management ☐ Reshaping ☐ Increase fitness

☐ Sports Conditioning ☐ Improve Muscle Tone ☐ Improve Flexibility

☐ Rehabilitation ☐ Tone ☐ Other ______________________

- **Where do you want to achieve your results?**

☐ Thighs ☐ Back ☐ Lower Back

☐ Stomach ☐ Arms ☐ Hips

☐ Buttocks ☐ Shoulders ☐ Waist

☐ Chest ☐ Calves ☐ Other_______________________

- When would you like to achieve these results? ____
- How many days a week do you wish to exercise? ____
- On a scale from 1 – 10 how much do you value your health? 1 2 3 4 5 6 7 8 9 10
- How long have you been thinking about it? ____
- What has kept you from starting sooner? ____
- From 1 – 10 how important is it for you to achieve your results? 1 2 3 4 5 6 7 8 9 10

- **Do you smoke?** Yes No
- **Are you pregnant?** Yes No

- **Have you ever had or experienced?**

☐ Heart trouble/history ☐ Arthritis ☐ Epilepsy

☐ Pain in the chest ☐ Asthma ☐ Sports injury

☐ Faint or dizzy spells ☐ Bone or joint problems ☐ Depression

☐ High Blood Pressure ☐ Back Problems ☐ Other____________________

- **How or where did you find out about us? ☐Friend ☐Facebook ☐Instagram ☐Website ☐Google**

I understand that Influence Fitness is not able to provide me with medical advice with regard to any medical conditions I may have and that this information is used only as a guideline to the limitations of my ability to exercise. I will not hold Influence Fitness liable in any way for any injuries that may occur while I am training.

Signed______________________ Date____________________