Health History

Please check any conditions you have or have experienced:

- Allergies
- Amenorrhea
- Anemia
- Anxiety
- Arthritis
- Asthma
- Celiac disease
- Chronic sinus condition
- Constipation
- Crohn's disease
- Depression
- Diabetes
- Diarrhea
- Disordered eating
- Gastroesophageal reflux disease (GERD)
- High blood pressure
- Hypoglycemia
- Hypo/hyperthyroidism
- Insomnia
- Intestinal problems
- Irritability
- Irritable bowel syndrome (IBS)
- Menopausal symptoms
- Osteoporosis
- Premenstrual syndrome (PMS)
- Polycystic ovary syndrome (PCOS)
- Pregnant
- Ulcer
- Skin problems
- Major surgeries
- Past injuries

Please check any conditions you or anyone in your immediate family has been diagnosed with:

- Heart disease
- High cholesterol
- High blood sugar
- High blood pressure
- Cancer
- Diabetes
- Osteoporosis

Please list any prescription and/or over-the-counter medications you take regularly:

____________________________________________________________________________________

Health Habits

Have you ever followed a modified diet? ☐ Yes ☐ No

Are you currently following a specialized diet (e.g., low-sodium or low-fat)? ☐ Yes ☐ No

How many glasses of water do you drink per day? ________ 8-ounce glasses

How many times a day do you eat? ________

How many days a week do you exercise? ________

Do you use tobacco? ☐ Yes ☐ No

Do you take any vitamin, mineral, or herbal supplements? ☐ Yes ☐ No

Do you currently participate in any structured physical activity? ☐ Yes ☐ No

Release & Waiver of Liability

Personal Training client acknowledges and assumes risk for his/her participation in personal training/fitness assessment and in doing so releases UMW Campus Recreation/trainer rendering PT sessions from all liability.

Personal training includes participation in strenuous physical activities, including but not limited to weight training, flexibility training and cardiovascular conditioning. Member agrees to assume all risk and responsibility involved with participation in physical activities and not exceeding their own physical limits. Member is in good condition and doesn't suffer from disabilities that would prevent physical activities.

Member’s Signature: ___________________________ Date: ______________