



# Jewish Community Center Personal Training Inquiry Form

Member Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Preferred Phone \_\_\_\_\_ (check one)  home  cell  work

Best time of day to call \_\_\_\_\_  AM  PM

## TRAINER PREFERENCES (circle your preferences)

TRAINER GENDER: Male Female No Preference

SESSION TIME: Morning Afternoon Evening Anytime

OR

SPECIFIC TIME: AM 6:00 7:00 8:00 9:00 10:00 11:00

PM 12:00 1:00 2:00 3:00 4:00 5:00 6:00 7:00 8:00

SPECIFIC DAY: Saturday Sunday Monday Tuesday Wednesday Thursday Friday

I prefer to train with (Name of Trainer) \_\_\_\_\_

Additional Information \_\_\_\_\_

## CONTRACT INFORMATION:

All sessions require a 24-hour cancellation notice or the client will be charged for the session.

All Personal Training packages have an expiration date depending upon the amount of sessions purchased. For example, a package of 10 training sessions will expire 3 months from the date of purchase; packages of 20 training sessions will expire in 6months; etc.

Personal Training sessions are nontransferable and nonrefundable.

CLIENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# MEDICAL HISTORY

CLIENT NAME \_\_\_\_\_ AGE \_\_\_\_\_

## CHECK ALL THAT APPLY

- Recent illness, hospitalization or surgical procedure
- Heart attack, coronary bypass, cardiac surgery, stroke
- Abnormal resting or stress ECG
- Uneven, irregular, or skipped heart beats (including a racing or fluttering heart)
- Abnormal blood lipids (total cholesterol, HDL, LDL, triglycerides)
- Family history of coronary or other atherosclerotic disease prior to age 55 male, 65 female
- Diabetes Mellitus (type I, type II, or gestational)
- High blood pressure
- Phlebitis Emboli
- Pulmonary disease (asthma, emphysema, and bronchitis)
- Rheumatic Fever
- Light-headedness or fainting
- Chest pain at rest or exertion
- Unusual shortness of breath
- Orthopedic problems (arthritis or any other bone, joint, or muscle problems)
- Emotional disorders
- Medications
- Drug allergies
- Smoking
- Physical inactivity

## RECOMMENDATIONS/HEALTH STATUS CLASSIFICATION

- Medical clearance
- Max stress test and medical clearance
- Refer to medically supervised program
- Apparently healthy
- Increased risk
- Known disease

## COMMENTS:

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**Please return Personal Training Inquiry Forms to:**

**UPTOWN:** Katie Tillery, Wellness Director - Uptown by fax to 504.897.1380,  
by mail to 5342 St. Charles Avenue, New Orleans, LA 70115 or email [katie@nojcc.org](mailto:katie@nojcc.org)  
**METAIRIE:** Alexis Smith, Wellness Director - Metairie by fax to 504.780.5639,  
by mail to 3747 W Esplanade Avenue, Metairie, LA 70002 or email [alexis@nojcc.org](mailto:alexis@nojcc.org)