

**Sport and Spine Therapy of Marin  
Wellness/Transitional/PREP Questionnaire**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**PREP PROGRAM: FOR PRE-OPERATIVE PATIENTS ONLY:**

Who is your surgeon? \_\_\_\_\_

Proposed surgical date? \_\_\_\_\_

What surgical procedure will you be having? \_\_\_\_\_

What are your goals for Pre-operative training? \_\_\_\_\_

**FITNESS HISTORY:**

What type of strength training do you participate in, if any? \_\_\_\_\_

How many days per week do you participate in strength training? \_\_\_\_\_ How Long? \_\_\_\_\_

What type of cardiovascular training do you participate in? \_\_\_\_\_

How many days per week do you participate in cardiovascular training? \_\_\_\_\_ How Long? \_\_\_\_\_

Other Physical Activities (Please list and explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FITNESS GOALS:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Lose Weight         | <input type="checkbox"/> Aerobic Fitness  | <input type="checkbox"/> Lower Cholesterol | <input type="checkbox"/> Injury Rehab      |
| <input type="checkbox"/> Feel Better         | <input type="checkbox"/> Reduce Pain      | <input type="checkbox"/> Stop Smoking      | <input type="checkbox"/> Sports Specific   |
| <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Reduce Back Pain | <input type="checkbox"/> Look Better       | <input type="checkbox"/> Muscular Strength |
| <input type="checkbox"/> Improve Balance     | <input type="checkbox"/> Reduce Stress    | <input type="checkbox"/> Improve Diet      | <input type="checkbox"/> Muscular Size     |

Other \_\_\_\_\_

\_\_\_\_\_

**HEALTH HISTORY:**

Do you have any ongoing or chronic illness (Yes or No)? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any prescription or non prescription (over the counter) medications, pills, or using an inhaler (Yes or No)? \_\_\_\_\_ If Yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have or have you ever had high blood pressure (Yes or No)? \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a head injury, concussion, seizure, or epilepsy (Yes or No)? \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you experienced any recent surgeries within the last 12 months (Yes or No)? \_\_\_\_\_ If Yes please explain: \_\_\_\_\_

\_\_\_\_\_

Have you had any problems with pain or swelling in muscles, tendons, bones, or joints (Yes or No)? \_\_\_\_\_

\*If yes, please check the appropriate line below:

<input type="checkbox"/> Head	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Wrist	<input type="checkbox"/> Thigh
<input type="checkbox"/> Neck	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Hand	<input type="checkbox"/> Knee
<input type="checkbox"/> Back	<input type="checkbox"/> Elbow	<input type="checkbox"/> Finger	<input type="checkbox"/> Shin/Calf
<input type="checkbox"/> Chest	<input type="checkbox"/> Forearm	<input type="checkbox"/> Hip	<input type="checkbox"/> Foot/Ankle

**FEMALES ONLY**

Are you currently pregnant (Yes or No)? \_\_\_\_\_

Have you recently given birth within the last year (Yes or No)? \_\_\_\_\_

Is there anything else your fitness trainer should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TERMS AND CONDITIONS**

Individual training sessions not rescheduled or cancelled 24 hours in advance will result in forfeiture of the session and a loss of the financial investment at the rate of one session. Clients arriving late will receive the remaining scheduled session time, unless prior arrangements have been made with the fitness trainer. By signing below, you have read and agree to the terms and policies of the SSTM Wellness/Fitness/Training/PREP Program.

**RELEASE AND WAIVER LIABILITY**

**PARTICIPANT'S ACKNOWLEDGEMENT OF ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF SPORT AND SPINE THERAPY OF MARIN, INC.** Participant acknowledges that Personal Training/Fitness and/or Wellness Assessment hereunder includes participation in strenuous physical activities, including but not limited to, aerobic activities, weight training, stationary bicycling, and various aerobic conditioning machines (the "Physical Activities"). Participant acknowledges these Physical Activities involve inherent risk of physical injuries or other damages, including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and other illness, soreness, or injury however caused, occurring during or after participation in these Physical Activities. Participant further acknowledges that such risks include but are not limited to, injuries caused by the negligence of an instructor or other person, defective or improperly used equipment, over exertion of the participant, slip and fall by participant, or an unknown health problem of the participant. Participant agrees to assume all risk and responsibility involved with participation in the Physical Activities. The participant acknowledges that participation will be physically and mentally challenging, and Participant agrees that it is the responsibility of the Participant to seek competent medical or other professional advice regarding any concerns involved with the ability of the Participant to take part in the Physical Activities. By signing the Agreement, Participant asserts that he or she is capable of participating in the physical activities. Participant agrees to assume all risk and liability for exceeding his or her own physical limits. Participant, on behalf of Participant, his or her heirs, assigns the next of kin, agrees to fully release Sport and Spine Therapy of Marin, Inc. (as well as any of its owners, related entities, employees or other authorized agents, including independent Contractors) from any and all liability, claims and/or litigation actions that the Participant may have for injuries, disability or death or other damages of any kind, including but not limited to punitive damages, arising out of participation in the Physical Activities, including but not limited to the Personal Training/Wellness/Fitness/PREP programs and the Physical Activities, even if caused by the negligence, intentional acts or omissions and/or any other type of fault of Sport and Spine Therapy of Marin, Inc., its owners, employees or other authorized agents including Independent Contractors.

Print Name: \_\_\_\_\_

Participant Signature: X \_\_\_\_\_

Date: \_\_\_\_\_