



GoodLife  
FITNESS

55 Royal Palm Pointe Vero Beach, FL 32960

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## FRIENDS AFTER DIAGNOSIS PARTICIPANTS

### **(GoodLife Friends in Motion)**

#### Health Lifestyle Questionnaire

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ EMAIL \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Do you have Doctor's Clearance to begin an exercise program? \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Last Exam Date \_\_\_\_\_

List all Surgeries, Radiation treatments, Chemotherapy treatments with Approximate Dates:

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1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? \_\_\_\_\_
2. In the past month have you had any chest pain ? \_\_\_\_\_ If YES, Explain:  
\_\_\_\_\_  
\_\_\_\_\_
3. Do you lose your balance because of dizziness or do you ever lose consciousness?  
\_\_\_\_\_ If yes, when did this last occur? \_\_\_\_\_
4. Do you currently participate in any regular activity program designed to improve or maintain your physical fitness? \_\_\_\_\_

If yes, what physical activity do you participate in?

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

5. **Which GoodLife Fitness group classes on our current schedule are you interested in? Only the smiley face classes are offered for Friends after Diagnosis participants.**

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

6. Do you currently experience problems or pain in your bones, joints, or muscles that may be aggravated with exercise? \_\_\_\_\_

\_\_\_\_\_

7. Have you had **Hip Replacements, Shoulder, Knee Replacements Back Surgery ?**

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

**List all medications and reasons for taking them.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

8. List all vitamins and/or supplements you are taking regularly

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9. Have you been dehydrated in the past 12 months? \_\_\_\_\_ Did you require medical attention? \_\_\_\_\_

10. Have you been diagnosed with Osteopenia or Osteoporosis?

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11. ADDITIONAL NOTES:

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I \_\_\_\_\_ affirm all of the above information is true to the best of knowledge. The above information will not limit my participation in a physical exercise program. I assume all risk for my health and well-being and release and hold harmless GoodLife Fitness LLC and Peggy J. Hamilton, Staff and Independent Contractors, of any responsibility or liability, now or in the future from any injury or illness occurring during or after Fitness & Wellness Exercise Sessions at GoodLife Fitness Studio 55 Royal Palm Pointe, Vero Beach, Florida 32960.

I affirm I have read and fully understand the above:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
GoodLife Fitness Representative

\_\_\_\_\_  
Date

