Progressive Physical Therapy

Fitness and Personal Training
Programs Participant Release

The programs offered by Progressive Physical Therapy (PPT) are on a month-to-month basis between the participant and PPT. The monthly fee for this program is $50 for ages 65+, and $55 for ages 64 or below. Payment is due on the first date you start using the facility and it's to be paid on a monthly basis on the same date thereafter. **Fees are non-refundable. Unused time cannot be credited or rolled-over for use at a later date.** In case of an illness or hospitalization which prevents you from using the facility, we will credit you for unused time provided you bring a doctor's note excusing you from participating in any fitness or personal training program.

PPT reserves the right to require you to obtain a physical examination from a doctor prior to using any exercise equipment or participating in any fitness or personal training program at our facility. Use of all exercise equipment, including weights, apparatus, machinery and choice of program shall be at the participant's sole risk. PPT shall not be liable to the participant for any claims, demands, injuries, or actions in connection to these services.

The participant understands that **patients have priority to use the exercise equipment** and may be asked to adjust workout routines to accommodate them. A patient is a person who is under a physician's order to complete a physical therapy program in a specific amount of time. This person has set appointments at the facility, unlike fitness members who may use the facility at anytime without an appointment.

Thank you for choosing Progressive Physical Therapy for your fitness and personal training programs.

_____

Print Name

_____ _____

Signature of Participant Date

Progressive Physical Therapy

Fitness and Personal Training Programs
Enrollment Form

Name:		**Date:**
Address:		
City:	State:	Zip:
Home #:		
Work #:		
Cell #:		
Birth date:		**Age:**
Employer:		
Occupation:		

Medical History

Please indicate with a check (√) all those that apply to you

Have you ever had, or have now:

	Heart Attack **Date: Date of Treadmill test:**
	Coronary Bypass Surgery **Date:**
	Coronary Angioplasty **Date:**
	Angina/ Chest Pain **Explain:**
	Congestive Heart Failure
	Other Heart Problems **Explain:**
	Stroke **Date:**
	High Blood Pressure **(*Currently higher than 160 Systolic or 90* Diastolic)**
	Peripheral Vascular Disease **(Pain in legs when walking)**
	Diabetes
	Kidney Problems
	NONE OF THE ABOVE

Are you currently under the care of a physician for any of the following:

	Arthritis
	Back Problems
	Recent Surgeries **Explain:**
	Cancer **(Under treatment)**
	Pregnancy **Due Date:**
	Multiple Sclerosis
	Parkinson's Diseases
	Obesity **(> 300 for women, > for men)**
	Asthma, Lung Disease, Emphysema
	Fibromyalgia
	Orthopedic Problems **Explain:**
	NONE OF THE ABOVE

Do you have any other medical problems that may limit your ability to exercise?

_____

_____

_____

_____

List your Current Medications:

Name of Medicati :::	Pur se for Medication:

Please indicate with a check (√) all those that apply to you

Do you have any of these major coronary Risks factors?

	High Blood Pressure (Hypertension) **Recent B.P Reading**
	High Cholesterol **Cholesterol Level**
	Current Cigarette Smoker **Number of packs per day**
	Diabetes **How Long Must take Insulin**
	Family History of heart disease of heart attack before the age of 55
	NONE OF THE ABOVE

Do you have any of the following symptoms?

	Pain or discomfort in the chest, arms, neck or jaw
	Unusual shortness of breath, or shortness of breath with mild exertion
	Dizziness or fainting spells
	Difficulty breathing while laying flat or shortness of breath at night
	Ankle swelling
	Pain in calves when walking
	Known Heart Murmur
	Palpitations or fast heart rate
	NONE OF THE ABOVE

Name of all physicians:	**Phone #:**

EMERGENCY CONTACT:

1) Name:	**Phone #:** **Relation:**
2) Name:	**Phone #:** **Relation:**

I verify that this information is correct to the best of my knowledge:

PRINT NAME:_____

SIGNATURE:_____