



**BOULDER**  
PHYSICAL THERAPY

## **INFORMED CONSENT FOR PARTICIPATION IN A HEALTH AND FITNESS TRAINING PROGRAM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### **PURPOSE AND EXPLANATION OF PROCEDURE**

I hereby consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities which are recommended to me for improvement of health/fitness education activities. I understand that I may be required to undergo a graded exercise test prior to the start of my personal fitness training program to evaluate and assess my present level of fitness.

I will be given personal instructions regarding the amount and kind of exercise I should do. A professionally trained personal fitness trainer will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. If I am taking prescribed medications, I have already informed the program staff and further agree to inform them promptly of any changes which my doctor or I have made regarding use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of the program.

I have been informed that during my participation in the above-described personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At this point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms, should any develop.

I understand that during the performance of exercise, a personal fitness trainer will periodically monitor my performance and, perhaps measuring my pulse, blood pressure, or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the personal fitness trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

I also understand that during the performance of my personal fitness training program physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

## **RISKS**

It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessments of my condition before each personal fitness training session, staff supervision during exercise and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, but knowing these risks, it is my desire to participate as herein indicated.

## **POTENTIAL BENEFITS TO BE EXPECTED**

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the personal fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment and regulate physical effort. I further understand that if I closely follow the program instructions, I will likely improve my exercise capacity and fitness level. A properly designed and executed exercise program should help to improve strength, cardiovascular fitness, and bone density.

## **CONFIDENTIALITY AND USE OF INFORMATION**

I have been informed that the information which is obtained in this personal fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person, to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status or needs.

## **INQUIRIES AND FREEDOM OF CONSENT**

I have been given an opportunity to ask questions as to the procedures.

**I have read this Informed Consent form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without inducement.**

**Participant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant's Name (printed)** \_\_\_\_\_

**Witness's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness's Name (printed)** \_\_\_\_\_

## HEALTH & MEDICAL QUESTIONNAIRE

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Email address: \_\_\_\_\_

(Optional): In case of emergency, whom may we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ (Home): \_\_\_\_\_

### Present/Past History

Have you had or do you presently have any of the following? (Check if yes.)

\_\_\_\_\_ Rheumatoid arthritis

\_\_\_\_\_ Edema (abnormal swelling)

\_\_\_\_\_ High blood pressure

\_\_\_\_\_ Low blood pressure

\_\_\_\_\_ Seizures

\_\_\_\_\_ Lung disease/COPD

\_\_\_\_\_ Heart attack or known heart disease

\_\_\_\_\_ Fainting or dizziness

\_\_\_\_\_ Diabetes (if yes, indicate type: \_\_\_\_\_)

\_\_\_\_\_ High Cholesterol

\_\_\_\_\_ Orthopnea (the need to sit up to breathe comfortably) or paroxysmal (sudden, unexpected attack) or nocturnal dyspnea (shortness of breath at night)

\_\_\_\_\_ Shortness of breath at rest or with mild exertion

\_\_\_\_\_ Chest pains

\_\_\_\_\_ Palpitations or tachycardia (unusually strong or rapid beat)

\_\_\_\_\_ Intermittent claudication (calf cramping)

\_\_\_\_\_ Pain, discomfort in the chest, neck, jaw, arms, or other areas

\_\_\_\_\_ Known heart murmur

\_\_\_\_\_ Unusual fatigue or shortness of breath with usual activities

\_\_\_\_\_ Temporary loss of visual acuity or speech, or short-term numbness or weakness in one side, arm, or leg of your body

\_\_\_\_\_ Cancer (if yes, type and is it active and have you been cleared by your oncologist to participate in personal training)

\_\_\_\_\_ Surgical history: \_\_\_\_\_

\_\_\_\_\_ Other (please describe): \_\_\_\_\_

**Activity History**

Do you participate in a regular exercise program at this time?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, briefly describe:

---

---

Can you currently walk 1 mile briskly without fatigue? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you performed resistance training exercises in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have pain that may interfere with exercising? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, briefly describe:

---

Do you follow or have you recently followed any specific dietary plan and, in general, how do you feel about your nutritional habits?

---

---

---

List any medications you are presently taking.

---

---

---

List your personal health and fitness objectives and goals.

---

---

---

---

---

Add any additional information here

---

---

---

---

---

Thank you!

Boulder Physical Therapy, PLLC