oneup
Fitness. Down to a Science.

Date: _____ Pronouns (ex. he/him, she/her) _____

Name: _____ Birthdate (m/d/y):____/____/____ ❑ Female ❑ Male

Address: _____

City: _____ Prov.: _____ Postal Code:_____

Phone #'s: Home:_____ Work: _____ Cell: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Preferred method for contact? ❑ Text ❑ Call Cell ❑ Email E-mail Address: _____

Age: _____ Weight: _____ Height: _____ Physician: _____

Employer: _____ Occupation: _____

How did you hear about us/ Did anybody refer you? _____

Do you exercise regularly? ❑ Yes ❑ No Any limitations with your program? ❑ Yes ❑ No _____

Do you have any areas of **weakness**, **pain**, or **muscle tension**? ❑ Yes ❑ No _____

Any **falls**, **accidents, or injuries** in the last five years? ❑ Yes ❑ No _____

Are you currently under a **physicians care**, including restrictions, for **any** reason? ❑Yes ❑No

Other **health care professionals**? ❑ Yes ❑ No _____

Drugs or supplements you are taking: _____

Health Conditions – Check if YES (current or past)		
❑ Anemia	❑ GI Problems	❑ Neck pain / tension
❑ Aneurysms	❑ Heart condition	❑ Over-weight
❑ Asthma	❑ Headaches	❑ Obesity
❑ Allergies or sinus	❑ Hernia	❑ Osteoarthritis
❑ ADD/ADHD	❑ High Cholesterol	❑ Osteoporosis/skeletal health
❑ Cancer	❑ High Blood Pressure	❑ Pacemaker
❑ Carpal Tunnel Syndrome	❑ Hypoglycemia	❑ Pregnancy
❑ Coronary Artery Disease	❑ IBS	❑ Rheumatoid Arthritis
❑ Chronic Fatigue Syndrome	❑ Infectious Disease	❑ Rotator Cuff Injury
❑ COPD	❑ Joint injury or pain	❑ Smoking
❑ Crohn's	❑ Low back pain	❑ Spinal injury
❑ Diabetes Mellitus	❑ Lymphodema	❑ Stroke
❑ Pre-Diabetic	❑ Malnutrition	❑ Surgeries (any type)
❑ Dizziness	❑ Menstrual Irregularities	❑ Tendonitis
❑ Fainting	❑ Menopause	❑ Thyroid Condition
❑ Fibromyalgia	❑ Metal Implants	❑ Varicose Veins
❑ Fractures	❑ Multiple Sclerosis	❑ Other

Privacy Policy and Information Release Authorization

Why we collect personal information

OneUp Fitness professionals collect personal information about our clients for the purpose of providing therapeutic treatment, safe training, useful information, and timely accounting. We add client contact details to our database to send newsletters, promotional offers, and other materials of interest. Clients may opt-out of these services at any time by automated means or by contacting our administrative staff.

What kinds of information we collect

We collect a wide variety of personal information in connection with our services. This is primarily related to contact information and medical / health history.

How we collect personal information

Most of the personal information collected by us is provided directly by the individual. In some cases, information is provided by a related organization or other health care professionals.

Confidentiality

Our company adheres to high standards of confidentiality. Your information will be accessed only by those team members involved in your care or in billing for services rendered. We will use all reasonable security safeguards to protect your personal information against such risk as loss, theft, or unauthorized access.

Retention

We will keep personal information only as long as it remains necessary or relevant for the identified purposes, as required by normal business practices, or as required by law.

Disclosure

As a general rule, we only disclose information to third parties as instructed in writing by our clients. Circumstances of disclosure without consent are only those as required by law, including review by professional regulatory bodies.

I authorize OneUp Fitness to collect and store my information as outlined above. I authorize the release of information pertaining to evaluation, program, and progress to my medical doctor or other appointed professionals.

_____ Signature _____ Date