

**HEALTH HISTORY QUESTIONNAIRE**

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_ SS# \_\_\_\_\_

Telephone Number: Business \_\_\_\_\_ Home \_\_\_\_\_

In Case of Emergency, Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Personal Physician \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F

**General Health** **Yes** **No**

Have you undergone a physical examination in the last 5 years? .....

Are you on a special diet? .....

What type? \_\_\_\_\_

Have you gained or lost more than 10 lbs. in the last 6 months? .....

Have you had any illness in the last 2 weeks? ....

Specify \_\_\_\_\_

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Do you have any drug allergies? .....

Specify \_\_\_\_\_

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Do you know your cholesterol level? .....

Do you know your triglyceride level? .....

Have you ever had a history of the following?

Epilepsy? .....

Dizziness or lightheadedness? .....

Are you pregnant at this time? .....

Other: Specify \_\_\_\_\_

Have any of your blood relatives had any of the following? (include grandparents, aunts and uncles, but exclude cousins, relatives by marriage, and half relatives).

Heart attacks- Sudden death

Heart attacks under age 50

Strokes under age 50

High blood pressure

Elevated cholesterol

Diabetes

Asthma or hay fever

Heart operations

Comments: \_\_\_\_\_

**Family Health** *Please check the appropriate box*

Father: Alive  Current Age \_\_\_\_\_

General health now:

    excellent       good       fair

    poor       dont' know

Deceased  Age at death \_\_\_\_\_

Sudden death

Cause of death or reason for poor health now: \_\_\_\_\_

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Mother: Alive  Current Age \_\_\_\_\_

General health now:

    excellent       good       fair

    poor       dont' know

Deceased  Age at death \_\_\_\_\_

Sudden death

Cause of death or reason for poor health now: \_\_\_\_\_

**Personal Medical History**

Have you ever been told you have any of the following:

	Yes	No
Documented heart disease .....	<input type="checkbox"/>	<input type="checkbox"/>
Angiogram-Date .....	<input type="checkbox"/>	<input type="checkbox"/>
PTCA-Date .....	<input type="checkbox"/>	<input type="checkbox"/>
Myocardial Infarct (Heart Attack)--		
Date .....	<input type="checkbox"/>	<input type="checkbox"/>
By Pass/Valve Surgery-Date .....	<input type="checkbox"/>	<input type="checkbox"/>
Mitral Valve Prolapse .....	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Type I .....	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Type II .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever experienced any of the following:		
Pain or tightness in the chest? .....	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations or rapid beating of your heart? .....	<input type="checkbox"/>	<input type="checkbox"/>
Extra or skipped heartbeats? .....	<input type="checkbox"/>	<input type="checkbox"/>
Badly swollen feet or ankles? .....	<input type="checkbox"/>	<input type="checkbox"/>
Cold hands or feet (even in warm weather)? ...	<input type="checkbox"/>	<input type="checkbox"/>
Cramping pain in legs or feet? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told that you have any of the following:		
Heart Murmur .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Childhood <input type="checkbox"/> Recent		
Rheumatic Fever .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Childhood <input type="checkbox"/> Recent		
Resting Electrocardiogram .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Don't know		
Exercise Electrocardiogram .....	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Don't know		



For Your Benefit and Safety  
Please Answer Honestly

**Please check all that apply**

**(MUST HAVE LAB & DR'S LETTER)**

- Man age 45 or older
- Woman age 50 or older

**(RISK FACTORS)**

- Family history of early heart disease (before age 40)
- Have had cardiac procedures (angiograms, stents, bypass, etc.)
- Currently smoking or quit in last 6 months
- Been treated for or have difficulty controlling blood pressure
- Been treated for or have difficulty controlling cholesterol / triglycerides
- Diabetes
- Severe obesity (please check chart on the right)
- Women who are pregnant
  
- None of the above

Greater Than

4' 5"	145
4' 6"	150
4' 7"	155
4' 8"	160
4' 9"	165
4' 10"	170
4' 11"	180
5' 0"	185
5' 1"	190
5' 2"	195
5' 3"	200
5' 4"	210
5' 5"	215
5' 6"	220
5' 7"	230
5' 8"	235
5' 9"	240
5' 10"	250
5' 11"	260
6' 0"	265
6' 1"	270
6' 2"	280
6' 3"	290
6' 4"	295
6' 5"	300
6' 6"	310
6' 7"	320
6' 8"	330
6' 9"	335
6' 10"	340

I have answered truthfully and honestly to the questions above

\_\_\_\_\_  
Please Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent or Guardian  
(for children between 12-17 years)

**OFFICE USE ONLY**

- NEEDS LAB WORK
- NEEDS DOCTOR'S LETTER
- OK TO START
- ENTRY EVALUATION

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

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

TIME: \_\_\_\_\_

**CONSENT, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

I UNDERSTAND AND AGREE THAT THE EXERCISE OPPORTUNITIES OFFERED THROUGH THE FACILITIES OF THE LIFESTYLE CENTRE (THE "CENTRE") ALLOWS A PERSON TO ENGAGE IN VARIOUS EXERCISE AND/OR PHYSICAL ACTIVITIES POTENTIALLY BENEFICIAL TO ONE'S HEALTH AND WELL BEING.

HOWEVER, I RECOGNIZE AND UNDERSTAND THAT THERE ARE INHERENT RISKS OF VARIOUS PHYSICAL AND MENTAL CONDITIONS, ILLNESS AND/OR INJURIES ASSOCIATED WITH:(a) engaging in any exercise or physical activity (b) the use of equipment at the CENTRE, and/or (c) the use of the CENTRE'S facilities. I RECOGNIZE AND UNDERSTAND SUCH RISKS INCLUDE ANY AND ALL TYPES OF PHYSICAL INJURIES, PHYSICAL AND MENTAL CONDITIONS AND/OR ILLNESS INCLUDING, BUT NOT LIMITED TO, SPRAINS, STRAINS, BROKEN BONES, CONCUSSIONS, LACERATIONS, ABNORMAL BLOOD PRESSURE, HEART BEAT DISORDERS, FAINTING, SHORTNESS OF BREATH, CHEST PAIN, STROKES, HEART ATTACK OR EVEN DEATH.

I FURTHER RECOGNIZE AND UNDERSTAND THAT ANY AND ALL SUCH RISKS ARE COMPOUNDED, IN THAT MANY OF THE EXERCISE AND/OR PHYSICAL ACTIVITY OPPORTUNITIES OF THE CENTRE ARE UNSUPERVISED INCLUDING, BUT NOT LIMITED TO, USE OF ITS RUNNING TRACK, USE OF ITS GYM, USE OF ITS POOLS, AND/OR ALL TYPES OF EXERCISE EQUIPMENT, AND/OR USE OF ITS LOCKER ROOMS, DRESSING ROOMS, SHOWERS AND SAUNA.

I HEREBY AGREE AND CONSENT TO VOLUNTARILY ENGAGE IN ANY AND ALL EXERCISE AND PHYSICAL ACTIVITY OPPORTUNITIES, SUPERVISED OR UNSUPERVISED, AT THE CENTRE, TO VOLUNTARILY USE THE CENTRE'S EXERCISE EQUIPMENT, AND TO VOLUNTARILY USE THE CENTRE'S FACILITIES AT MY OWN RISK AND WITH FULL KNOWLEDGE AND APPRECIATION OF ANY AND ALL DANGERS AND RISKS INHERENT THEREIN.

I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF ANY BODILY INJURY, ILLNESS, DEATH AND/OR PROPERTY DAMAGE OR LOSS SUFFERED BY ME.

I HEREBY RELEASE, WAIVE, AND FOREVER, DISCHARGE AND/OR PROMISE NOT TO SUE THE CENTRE, COVENANT MEDICAL CENTER, COVENANT HEALTH SYSTEM, AND/OR ANY OF ITS AFFILIATES AND SUCCESSORS, DIRECTORS, OFFICERS, AGENTS, SERVANTS, AND/OR THEIR EMPLOYEES FOR ANY AND ALL LOSS, LIABILITY, DAMAGE OR COST AND/OR ANY CLAIM OR DEMANDS OF ANY TYPE, KNOWN OR UNKNOWN, ON ACCOUNT OR OF IN ANY WAY RELATED TO ANY ILLNESS, CONDITION, AND/OR INJURY TO MY PERSON OR PROPERTY, OR WHICH MAY RESULT IN MY DEATH.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE CENTRE, COVENANT MEDICAL CENTER, COVENANT HEALTH SYSTEM, AND/OR ANY OF ITS AFFILIATES AND SUCCESSORS, DIRECTORS, OFFICERS, AGENTS, SERVANTS, AND/OR THEIR EMPLOYEES FOR ANY AND ALL LOSS, LIABILITY, DAMAGE OR COST OF ANY TYPE WHICH MAY INCUR AS A RESULT OF OR RELATED TO ANY ILLNESS, CONDITION, AND/OR INJURY TO MY PERSON OR PROPERTY, OR WHICH MAY RESULT IN MY DEATH, AND/OR AS A RESULT OF ENGAGING IN ANY EXERCISE AND ACTIVITY OPPORTUNITIES AT THE CENTRE, AND ANY USE OF THE CENTRE'S EQUIPMENT AND/OR ANY USE OF THE CENTRE'S FACILITIES.

I FURTHER HEREBY ACKNOWLEDGE THE EXISTENCE OF, THE NEED FOR, AND MY UNDERSTANDING OF, CERTAIN RULES AND REGULATIONS CONCERNING THE USE OF THE CENTRE'S EQUIPMENT, FACILITIES, AND OTHER PROCEDURES RELATED TO ACTIVITIES AT THE CENTRE. I, THEREFORE, AGREE TO ABIDE BY ANY AND ALL SUCH RULES ADOPTED BY THE CENTRE.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE PRECEDING PRIOR TO SIGNING, AND UNDERSTAND THAT I AM EXECUTING A CONSENT, RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT.

MEMBER SIGNATURE

DATE

LIFESTYLE CENTRE REPRESENTATIVE

DATE

## MEMBERSHIP POLICY

### TERMINATION

To terminate a membership, the member is required to: 1) give a **30 day notice by submitting a termination form to the LifeStyle Centre**; 2) have an account balance of \$0.00; 3) return membership badge and rental lock if applicable. The notice of termination (form available in the business office) must be received by the business office, and terminations will not be accepted over the phone. Each member must fill out a termination form. Any member who fails to pay dues and other indebtedness within 60 days of the billing date will automatically be terminated. Reinstatement will require new enrollment for membership, payment of the entry fee currently in effect, and payment of all past due charges. All payments are non-refundable and non-transferable regardless of facility usage.

### MEMBER FEE POLICY AGREEMENT

The fees for membership at the LifeStyle Centre include monthly installments of \$\_\_\_\_\_. Membership may be terminated by submitting a termination form 30 days prior to termination as outlined in the previous section.

If you do not wish to pay for your membership with monthly installments, you may pay an annual lump sum payment and receive one month's membership free.

**I AGREE TO ABIDE BY THE RULES AND REGULATIONS THAT ARE ADOPTED BY THE LIFESTYLE CENTRE. I HEREBY ACKNOWLEDGE THAT I HAVE BEEN PROVIDED WITH A COPY OF ALL RULES AND REGULATIONS OF THE LIFESTYLE CENTRE AND THAT ALL INFORMATION PROVIDED BY ME IS ACCURATE. I HAVE READ AND UNDERSTAND THE PROCEEDING PRIOR TO SIGNING AND AGREE TO ALL TERMS OUTLINED ABOVE.**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LifeStyle Centre Representative

\_\_\_\_\_  
Date



**LIFESTYLE CENTRE**  
**ENROLLMENT PROCEDURE**

1. Fill out an Enrollment Application, Health History form and Cardiovascular Risk Factor Form and return to the Front Desk.
  - a. No physician letter or lab work is required unless you have risk factors for heart disease.
  - b. Men age 45 or older, women age 50 or older, and anyone else with 2 or more risk factors will automatically be required to have a physician's letter and lab work done (Lipid Profile-, which includes cholesterol and triglycerides). You may either get your physician to draw your lab or you may purchase a lab slip from the LifeStyle centre for \$10.00. We may accept your lab work if it was done within the past year.
2. When the Enrollment Application, Health History Form, and Risk factor Form have been received, you will be scheduled for an Entry Evaluation.
3. The Entry Evaluation is a one hour meeting between you and a Fitness Specialist where you will discuss your health history determine your goals, set up your exercise program, set you up on the Fitlinxx program, and receive instructions on how to work the Machines.
4. If your physician recommends a Sub-Max Stress Test the cost is \$20.00.
5. If you are scheduled for a Stress Test we will file on your insurance for the Stress Test. There is a charge for the reading of the stress test by a Cardiologist, which will be billed by the Cardiologist's Office. Please call the Cardiologist Office about this charge if you have any questions. After you take the Stress Test it will be your physician to get their recommendations before starting.
6. After this procedure, you are a full member of the LifeStyle Centre and may participated in any and all programs. Thank you for your patience and here's to your **GOOD HEALTH!**

**If you have any questions please call us at (806) 725-4386. Below is a listing of our hours.**

<b>Monday – Thursday</b>	<b>5:30 a.m. – 10:00 p.m.</b>
<b>Friday</b>	<b>5:30 a.m. – 8:00 p.m.</b>
<b>Saturday</b>	<b>8:00 a.m. – 3:00 p.m.</b>
<b>Sunday</b>	<b>1:00 p.m. – 6:00 p.m.</b>

**The Swimming Pool & Outdoor Track close 30 minutes before closing time.**  
**Parents MUST accompany children while using the pool- NO EXCEPTIONS\***  
**The Business Office is open Monday – Friday 8:00 a.m. to 5:00 p.m.**  
**(Prices are subject to change without notice.)**