



# BEAT Fitness Participant Information (Members)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex (circle): M or F

In Case of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## Personal Information:

Are you currently taking any medications? If so, please list.

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

Do you have any allergies? If so, please list.

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

Are you currently under a doctor's care: Yes OR No (Please circle One) If yes, explain: \_\_\_\_\_

When was the last time you had a physical examination? \_\_\_\_\_

Have you had blood testing or stool tested completed at Turack Chiropractics? YES or NO  
If "YES", explain which test and for what reasons you've had it done:

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**Anything else you would like to share with BEAT Fitness?**

What is your occupation/day-to-day life?

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When was the last time you exercised? Do you enjoy exercise state why or why NOT.

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What type of hobbies/extra circular activities do you participate in outside of work?

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What are (If any) some of your weaknesses (muscular, skeletal, injury, weight...etc.)

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What is your overall goal that you would like to achieve through our programming?

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**BEAT Fitness FITNESS ASSESSMENT FORM Name:**

**Age:**

**Resting Blood Pressure (If you know)\_\_\_\_\_ / \_\_\_\_\_**

**Resting Heart**

**Rate:\_\_\_\_\_**

**Body Mass Index:\_\_\_\_\_**

Height: \_\_\_\_' \_\_\_\_" (inches) Weight: \_\_\_\_\_ (lb) Waist: \_\_\_\_\_ Hip: \_\_\_\_\_

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

(7-site skinfold)

Sum of skinfolds 7-site= \_\_\_\_\_

Chest \_\_\_\_/\_\_\_\_/\_\_\_\_

% Body Fat= \_\_\_\_\_

Triceps \_\_\_\_/\_\_\_\_/\_\_\_\_

Percentile ranking for age and sex:  
\_\_\_\_\_

Subscapular \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Midaxillary \_\_\_\_/\_\_\_\_/\_\_\_\_

Supriiliac \_\_\_\_/\_\_\_\_/\_\_\_\_

Abdomen \_\_\_\_/\_\_\_\_/\_\_\_\_

Thigh \_\_\_\_/\_\_\_\_/\_\_\_\_