

# RAW Center for Strength

Rawcfs.com

1543 Palos Verdes Mall  
Walnut Creek, CA 94597  
925-930-0519

## 4-Week Functional Training Boot Camp

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

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

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

Birthday: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Sex: M F

Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Physician's Phone #: \_\_\_\_\_

Date of last Physical: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ (word of mouth, phone book, friend, RAW Newsletter, other)

If you are under 18, what are your parent's names:

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

The following information is required to assess your physical fitness level and to establish your exercise prescription. Your health questionnaire and test results are confidential and will not be released to anyone other than yourself.

Have you ever experienced any of the following while walking, working or exercising?

Pain in the chest Y N

Pain in the neck Y N

If so, what side: \_\_\_\_\_

Pain in the lower back Y N

If so, what side: \_\_\_\_\_

Shortness of breath Y N

Faintness/ Light headed Y N

Confusion/ Dizziness Y N

Leg Pain Y N

If so, what side: \_\_\_\_\_

Heart beat irregularities Y N

Persistent cough Y N

**To your knowledge do you have or have you had any of the following?**

Diabetes Y N

Heart/Cardiopulmonary disease Y N

-Heart murmur, angina, heart attack, coronary, arteriosclerosis

Pulmonary disease Y N

-Asthma, emphysema, bronchitis

Gout (elevated uric acid) Y N

Thyroid, Kidney or Liver disease Y N

Stroke Y N

Rheumatic fever Y N

Anemia-low red blood cell count Y N

Hernia Y N

Varicose Veins Y N

AIDS or HIV Positive Y N

**Have you recently experienced any of the following:**

Localized muscle soreness Y N

Joint Stiffness Y N

Flare-up of old injuries Y N

Loss of local muscle strength Y N

Noticeable loss of muscle size Y N

Restricted joint movement Y N

**Has your personal physician indicated that you have:**

High Blood Pressure Y N

-If yes, please indicate Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

Elevated Blood Cholesterol Y N

-If yes, please indicate level \_\_\_\_\_

Family history of either of the above? \_\_\_\_\_

**Do you take any medication on a regular basis? If yes, please list**

Prescription

Non-Prescription

\_\_\_\_\_

\_\_\_\_\_

**Please note any surgeries or injuries (past or present)**

**Foot Left** \_\_\_\_\_

**Right** \_\_\_\_\_

**Ankle Left** \_\_\_\_\_

**Right** \_\_\_\_\_

**Knee Left** \_\_\_\_\_

**Right** \_\_\_\_\_

**Hip Left** \_\_\_\_\_

**Right** \_\_\_\_\_

**Shoulder Left** \_\_\_\_\_

**Right** \_\_\_\_\_

**Elbow` Left** \_\_\_\_\_

**Right** \_\_\_\_\_

**Wrist Left** \_\_\_\_\_

**Right** \_\_\_\_\_

**Hand Left** \_\_\_\_\_

**Right** \_\_\_\_\_

**Neck Left** \_\_\_\_\_

**Right** \_\_\_\_\_

**Back Left** \_\_\_\_\_

**Right** \_\_\_\_\_

**Do you smoke a pipe, cigars or cigarettes? Y N**

# Per day \_\_\_\_\_ # of years \_\_\_\_\_

If you have smoked, how long has it been since you quit?

**Do you consume alcoholic beverages? Y N**

If yes, Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

How much: \_\_\_\_\_

**Do you diet?**

If yes, why? Weight loss \_\_\_\_\_ Weight Gain \_\_\_\_\_ Medical \_\_\_\_\_

Explanation \_\_\_\_\_

**Do you feel your current diet is successful? Y N**

What type of diet are you currently trying?

What types of diets have you tried in the past?

Were they successful or unsuccessful and why?

Do you currently or have you in the past suffered from an eating disorder?

If yes, please explain.

**Please describe your current typical eating habits.**

Time Food

Morning \_\_\_\_\_

Snack \_\_\_\_\_

Mid-Day \_\_\_\_\_

Snack \_\_\_\_\_

Evening \_\_\_\_\_

Estimated number of glasses of water consumed each day \_\_\_\_\_

**Under what circumstances do you tend to overeat or eat foods you know that you shouldn't?**

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

**Please list your current participation in physical activities:**

What activities Times Per Week Minutes/Session

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

What usually interrupts your work out program?

How long do you usually stick with a work out program?

If you stop working out for an extended period of time, why?

How many hours of sleep do you average per night? \_\_\_\_\_

Please rate your current life stress level: (1-10; 10 is the highest stress level)

Rating: \_\_\_\_\_

Please list your current fitness goals in each category that applies, 1 being the most important and a 5 being the least importance.

**Health (lower cholesterol, blood pressure, body fat, etc)**

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**Weight Loss/Gain**

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**Appearance/Body Parts**

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**Pain Management**

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**Flexibility**

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**Posture**

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**Job Performance**

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**Sports Performance**

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**Special Occasion (wedding, anniversary, vacation, etc)**

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**How much time can you devote to your work out program?**

Days/Week \_\_\_\_\_ Minutes/Day \_\_\_\_\_

What types of exercise interests you?

Walking	Stationary Bike	Rollerblading
Jogging/Running	Rowing	Pilates
Swimming	Cycling	Yoga
Tennis	Aerobics	_____
Strength Training	Flexibility	_____
Cross Training	Par courses	_____
Stairmaster	Water Aerobics	_____

## **LIABILITY WAIVER**

**The undersigned recognizes that the use of Raw Center for Strength's services involve an inherent risk of physical injury including that caused by the negligence of the undersigned, Tom Pete, Raw Center for Strength, or contractors and employees of Raw Center for Strength. The undersigned hereby agrees to assume the risk of injury in its entirety regardless of the cause. Tom Pete, Raw Center for Strength, and all contractors and employees of Raw Center for Strength shall not be liable for injuries or damages to the undersigned, or the property of the undersigned, or by subject to any claim, demand, injury, death, or damages whatever, including, without limitation, those damages resulting from acts of active or passive negligence on the part of Tom Pete, Raw Center for Strength, and all contractors and employees of Raw Center for Strength for all such claims, demands, injuries, death, damages, actions, or causes of action. It is specifically agreed that Tom Pete, Raw Center for Strength, and all contractors and employees of Raw Center for Strength shall not be responsible or liable to the undersigned for articles lost or stolen in connection with Tom Pete, Raw Center for Stength, or contractors and employees of Raw Center for Strength's service.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If under 18 years of age, please have parents sign here:**

**Print Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_