



**LIGHTHOUSE**  
TRAINING & FITNESS

LTF Pre-training assessment  
Fill out the form carefully for assessment

**Your Name**

First Name                  Last Name                  Suffix

**Gender**

**Address**

Street Address

Street Address Line 2

City                                  State / Province

Postal / Zip Code

**E-mail**

example@example.com

**Mobile Number**

**Phone Number**

**Work Number**

## Occupation

## Emergency Contact

First Name      Last Name

## Emergency Contact Phone

Please enter a valid phone number.

## Relationship to you

## What is your training preference?

- At home
- At LTF's facility
- At my local facility
- No preference

## Do you consider yourself

- Sedentary (little, if any, vigorous activity)
- Lightly Active (sporadic workout, little aerobic, lawn work)
- Moderately Active (workout 1-2 days/wk for 15-20 min)
- Highly Active (workout 3+ days/wk for 30-45 min)

## Have you been injured or hospitalized in the last year?

- Yes
- No

## If yes, what was the injury or reason for hospitalization?

**What caused the injury or reason for hospitalization?**

**Have you ever had any injury or disorders associated with the following body parts? (check all that apply)**

- Bone
- Joint
- Muscle
- Back

**Please check any affected bones**

- Neck
- Back
- Ribs
- Arm bones - Right
- Arm Bones - Left
- Leg Bones - Right
- Leg Boness - Left

**Please check any affected joints**

- Shoulder - Right
- Shoulder - Left
- Elbow - Right
- Elbow - Left
- Wrist - Right
- Wrist - Left
- Hand - Right
- Hand - Left
- Hip - Right
- Hip - Left
- Knee - Right
- Knee - Left
- Ankle - Right
- Ankle - Left
- Foot - Right
- Foot - Left

**Please check any affected muscles**

- Neck
- Back
- Stomach
- Arm - Right
- Arm - Left
- Leg - Right
- Leg - Left

**Please check any affected back area**

- Neck
- Upper Back
- Mid Back
- Lower Back

**Are you on any blood thinners / anti-coagulants?**

- Yes
- No

**If female, are you pregnant?**

- Yes
- No

**Is there any pertinent information regarding your health history that has not already been described?**

- Yes
- No

**If yes, please describe**

**What are your fitness goals?**

**Signature:**

**Date:**