TODAY'S DATE: _____

☐ AT CAMP OR ☐ AT HOME

PRIMARY IN CAMP LOCATION:_____ (REQUIRED)

GARZA'S FAT LOSS CAMPS

Health Evaluation

Name _____ Date of Birth _____ Sex _____

Height/Weight _____ Email _____ Cell Phone _____

Address _____ City_____ State _____ Zip _____

Emergency Contact_____ Relationship _____ Phone _____

Health History Questionnaire

1. Have you exercised in the past 6 months? _____
2. Type of Exercise_____
3. Are you dieting? _____
4. Nutritional Knowledge?
   High ☐ Medium ☐ Low ☐
5. _____Packs of cigarettes smoked per week?
6. _____ Alcoholic beverages consumed per week?
7. _____ Cups of coffee consumed per day?
8. _____ Cans of cola drinks consumed per day?
9. Indicate any disease or illness you have
   - ☐ Asthma
   - ☐ Allergies
   - ☐ Arthritis
   - ☐ Abnormal or Positive Exercise Stress Test
   - ☐ Back Condition
   - ☐ High Blood Pressure
   - ☐ Low Blood Pressure
   - ☐ Bursitis
   - ☐ Fatigue
   - ☐ Joint Pain
   - ☐ Ulcers
   - ☐ Heart Condition
   - ☐ Hemorrhoids
   - ☐ Hernia
   - ☐ Nervous Tension
   - ☐ Sinus
   - ☐ Varicose Veins
   - ☐ Shortness of Breath
   - ☐ Other _____
10. Are you currently taking medication?
    Specify what type _____
    _____
    Dosage_____
11. When was your last physical exam?_____
12. Physician's Name & Phone Number
    _____
13. Have you had a stress test? _____
14. Cholesterol HDL_____ LDL _____ Total _____
15. Have you ever been hospitalized? _____
    For_____
16. Are you pregnant? _____
17. Do you smoke or have you ever smoked or used smokeless tobacco for a total of 10 years?_____
18. Do you have or have you ever had?
    - ☐ Heart Attack or Heart Trouble
    - ☐ Chest Pain or Angina Pectoris
    - ☐ Coronary Bypass or Angioplasty
    - ☐ Abnormal or Positive Exercise Stress Test
    - ☐ Musculoskeletal Limitations
    - ☐ Difficulty Breathing/Shortness of Breath
    - ☐ Arthritis/Rheumatism
    - ☐ Knee Problems
    - ☐ A Chronic recurrent or morning cough
    - ☐ Any episode of coughing up blood
    - ☐ Increased anxiety or depression
    - ☐ Swollen, stiff or painful joints
    - ☐ Back Pain (herniated or ruptured disc)
    - ☐ Shoulder Pain
    - ☐ Surgery
    - ☐ Heart Murmur
    - ☐ Irregular Heart Beat or Rhythm
    - ☐ High Blood Pressure over 145/95
    - ☐ Impaired Circulation
    - ☐ Stroke
    - ☐ Convulsions or Loss of Consciousness
    - ☐ Diabetes Mellitus
    - ☐ High Blood Cholesterol Level

Please fill out both sides

What Works?

Check off any of the methods or techniques you've used in previous attempt to change your body:

☐ Calorie Restrictive Diet

☐ Weight Loss Drug (i.e. Phen-fen, Redux,, Meridia)

☐ Low Fat Diet

☐ High Protein Low Carb Diet

☐ A structured eating program based on nutrient % (i.e. 30-40-30%)

☐ Powders or Shakes to replace or supplement meals

☐ Health Food Stores (fat burners, performance aids, etc.)

☐ Aerobics Classes

☐ OTC Pills for Weight Loss Help or Appetite Suppression

☐ Weight Training

☐ Exercise at Home (videos, step, etc)

☐ Infomercial Products

☐ Medical Based Weight Loss or Wellness Program

☐ "Just Eating Better" making wiser choices, fruits, and vegetables

☐ Your Own Aerobic Exercise Program (biking, walking, etc.)

The Question everyone asks in relation to the above so-called "aids" or "solutions" is…

"Does it work?"

What is the motivation that drives you to want to participate in my program?

What are your goals and expectations of this program?

Do you understand that by following the eating program/workout program to the best of your ability you will yield greater results?

I, _____, understand that by not drinking any alcoholic drinks except for one day per week (cheat day) will yield results at an accelerated rate.

I agree to hold harmless Travis Garza/TLC Fitness, Inc., and all of his employees or agents free from any and all injuries, losses, damages, and liability occurring from my participation in the activity for which I have enrolled. I also agree to be photographed/videotaped and release the use of the photographs/videos for publicity in Travis Garza's 'Fat Loss Camps' and TLC Fitness, Inc.'s publications and other marketing tools.

Signature _____ Date _____

Please fill out both sides