



WESTGATE ORTHOPAEDIC PHYSICAL THERAPY & EXERCISE, INC., P.S.
2102 N. PEARL STREET SUITE 203
TACOMA, WA 98406
FITNESS MEMBERSHIP

GYM AND POOL HOURS:

Monday, Wednesday, & Friday: 7:00am – 6:30pm

Tuesday & Thursday: 7:30am – 7:30pm

MEMBERSHIP FEES:

Initiation fee: \$40.00

(This fee is waived if you have been a patient at Westgate Physical Therapy)

Gym Fee: \$27.50 + tax

Pool Fee: \$27.50 + tax

Both Gym and pool use: \$38.10 + tax

Payments for exercise memberships are due by the 5th of each month. Dues are the same regardless of how often you choose to utilize the facility.

Your membership includes:

Initial consultation

- Discussion about specific exercise goals
- Personalized exercise plan
- Exercise flow sheet
- Body composition (optional)
- Circumference measurements (optional)
- Blood pressure readings

We are always available to review/revise your program should your goals change. We are also available to do a follow up on all body composition measurements.

Our equipment includes:

- | | | |
|--|------------------------|-----------------|
| • Treadmills (3) | • Upper Body Bike | • BOSU ball |
| • Stairmasters (2) | • Therapy Pool | • HOIST |
| • Elliptical Machines (2) | • Stability/theraballs | • AB Roller |
| • Recumbent/Stationary Bikes (4) | • Total Gym | • Yoga Mats |
| • Free Weights | • KAT Balance Board | • Universal Gym |
| • Various Levels of Resistive theraband/therabar | • Wii Fit | • Foam Roller |
| | • Cables | |

Please be advised the following rules apply to all fitness members:

- All members must be 14 years of age or older.
- Physical therapy patients have priority to all gym equipment and tables.
- If you need to change your attire, you may do so in one of the restrooms or in the changing stall located in the pool area.
- All treatment rooms are reserved for current patients with an appointment for that day. Please do not use patient rooms to change.
- You may store your belongings in one of the lockers in the pool area. You are more than welcome to bring a lock if you would like to secure your belongings, but must be removed that same day.

Westgate Orthopaedic Physical Therapy & Exercise is not responsible or liable for exercise member's personal belongings.

By signing this form, I agree to the conditions of this membership and accept full responsibility for any injury or health problems resulting from use of this facility.

Print Name: _____

Signature: _____ Date: _____

EXERCISE MEMBER INTAKE FORM

Please fill out the following questionnaire to the best of your ability. This form and the information you provide will be kept confidential. The information given will be used to evaluate your health status and create a personalized exercise program for you.

Name: _____ DOB: _____ Age: _____ Sex: M/F

Address: _____ City/State/Zip: _____

Home Phone #: _____ Work Phone #: _____

Date of last Physical Exam: _____

Emergency Contact: _____ Phone #: _____

Check any of the following conditions that you have had or currently have:

- | | | |
|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Rheumatism |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Chronic Bronchitis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Thyroid Problems |

Have you experienced any of the following in the past year?	Yes	No
Pressure, heaviness, pain or discomfort in the chest?	<input type="checkbox"/>	<input type="checkbox"/>
Pain or cramping in the legs on a frequent basis?	<input type="checkbox"/>	<input type="checkbox"/>
Swollen joints on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
Difficult breathing or becoming short of breath during normal activities?	<input type="checkbox"/>	<input type="checkbox"/>
Chronic, recurrent, or morning coughs (coughing up blood)?	<input type="checkbox"/>	<input type="checkbox"/>
Chronic back pain?	<input type="checkbox"/>	<input type="checkbox"/>
Elevated cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
Elevated blood pressure, high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

List any medications that you are currently taking:

List any allergies:

EXERCISE GOALS

We will strive to provide you with a program and the information necessary to work toward your fitness goals. The information below will assist us in creating a personalized exercise program tailored to your fitness level and lifestyle preference.

My fitness goals are:

1. _____

2. _____

3. _____

I plan to devote _____ days per week to exercising.

The time of day I prefer to exercise is: Morning Afternoon Early Evening

Would you like a body fat test? Yes No

Would you like circumferential measurements? Yes No

Would you like blood pressure checks? Yes No

How often do you participate in continuous aerobic activity for more than 20 minutes? _____

What type of aerobic activities do you participate in?

Where do you consider your present fitness level to be?

Poor Fair Average Good Excellent

Please check activities that you would like to include in a regular exercise program:

- | | |
|--|--|
| <input type="checkbox"/> Treadmill | <input type="checkbox"/> Total Gym |
| <input type="checkbox"/> Stairmaster | <input type="checkbox"/> KAT balance board |
| <input type="checkbox"/> Recumbent bike | <input type="checkbox"/> Wii |
| <input type="checkbox"/> Free weights | <input type="checkbox"/> BOSU |
| <input type="checkbox"/> Upper body bike | <input type="checkbox"/> HOIST |
| <input type="checkbox"/> Mat exercises | <input type="checkbox"/> Ab Roller |
| <input type="checkbox"/> Therapy pool | <input type="checkbox"/> Foam Roller |
| <input type="checkbox"/> Stability/Theraball | <input type="checkbox"/> Cables |