

Personal Training Health Screening Questionnaire

Personal Information

Today's Date: _____

Name: _____

Birthdate: _____ Age: _____ Shirt Size: _____

Phone: _____

Address: _____

E-Mail: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Please indicate if any of these statements apply to you by placing a YES in the space, if YES elaborate

1. History of heart problems _____
2. Diabetes _____
3. Asthma, breathing, or lung problems _____
4. Allergies _____
5. Cancer (other than skin) _____
6. Seizures, seizure medication, neurological problems or dizziness _____
7. High blood pressure _____
8. Back problems, joint or muscle disorder still affecting you _____
9. Recent surgery _____
10. Hernia or any condition that may be aggravated by exercise _____
11. Physician's advice not to exercise _____
12. History of high cholesterol _____
13. Family history of coronary heart disease _____
14. Smoke _____
15. Consume alcohol _____
16. Take supplements _____
17. On medication _____
18. Joint problems that may be aggravated by exercise _____

Skeletal Injuries:

Goals:

1. Concerns and Goals? (ex. Fat loss, power, strength, endurance, ect)

2. Application of the goal? (ex. General health, injury prevention/rehab, aesthetic reasons)

3. How would you define success? (ex. Measurements, stress reduction, energy level ect)

4. What areas would you like to concentrate or emphasise? (ex. Form, execution, variety, specific muscle area, ect)

Fitness History:

1. Experience with free weights or machines?

2. What is your frequency of training?

3. If you are experienced and active, what is your current training program?

4. Any exercises that are not recommended by you physician or physical therapist?

Lifestyle:

1. How would you describe your level of daily activities?

Light _____ Moderate _____ Heavy _____

2. Stress

Physical 1 2 3 4 5 Personal/emotional 1 2 3 4 5 Mental/Career 1 2 3 4 5

3. Number of hours of sleep per night: _____

4. What is your available time and frequency for training

Days: M T W R F

Times: AM _____ PM _____

5. Any special considerations or requests?
