

FITNESS 500 HEALTH AND EXERCISE HISTORY QUESTIONNAIRE

NAME: _____ D.O.B. _____

ADDRESS: _____ Town: _____ ZIP: _____

HOME/CELL NUMBER: _____ WORK #: _____

OCCUPATION: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

CURRENT WEIGHT: _____ HOW LONG AT THIS WEIGHT? _____ HEIGHT _____

Have you ever had a personal trainer before? YES NO If so, where? _____

What did you like most about working with them? _____

What did you like least about working with them? _____

Do you prefer a male or female trainer? _____

Describe what you would like to accomplish through your fitness program with the trainer:

What can we do together to make your exercise program more enjoyable? _____

Do you own any type of exercise equipment? (Please list): _____

Describe your daily activities over the last 3 months? _____

Where you a high school or college athlete? YES NO If yes, please specify: _____

Do you have negative feelings toward, or have you ever had any bad experience with a physical activity program? _____

On a scale of 1 to 10 (10 being the highest) what do you think your stress level would be? _____

How much time are you willing to devote to an exercise program? _____

Are you currently involved in regular cardiovascular exercise? _____

Describe your workout routine now (walking, stretching, weights, sports, etc.): _____

If you answer NO to all the questions below, it is reasonable for Fitness 500 Club to assume that you are in suitable physical condition to start an exercise program.

If you answer YES to one or more questions you are advised to consult your doctor before beginning your exercise program.

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|----|---|-----|----|
| 1. | Has your doctor ever told you that you have a heart condition, high blood pressure, or any other cardiovascular problems that you should only do physical activity recommended by a doctor? | YES | NO |
| 2. | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? | YES | NO |
| 3. | Do you ever have pains in your heart or chest, especially associated with minimal effort? | YES | NO |
| 4. | Do you often get headaches, feel faint or dizzy? | YES | NO |
| 5. | Do you have a bone or joint problem (back, knee, or hip) that could be made worse by a change in your physical activity? | YES | NO |
| 6. | Are you pregnant? | YES | NO |
| 7. | Do you suffer from any regular aches, joint pain or muscle pain? | YES | NO |

Explain all yes answers in the available lines provided below:

Past/Present History

Have you had or do you presently have any of the following conditions (Check if yes)

- Rheumatic Fever Edema High Blood Pressure
- Low Blood Pressure Back/Knee Injury Seizures
- Lung Disease Heart Attack High Cholesterol
- Fainting/dizziness Chest Pain Known Heart Murmur
- Palpitations or tachycardia Diabetes Asthma
- Recent Operations Other

FAMILY HISTORY

Have any of your first degree relatives (parents, sibling, child) experienced the following conditions?

- Heart Disease High Blood Pressure High Cholesterol
- Diabetes Thyroid Condition Other

Activity History

1. Date of your last physical examination by a physician? _____
2. Physicians name: _____ Number: _____
3. On a typical day, do you do a lot of (circle): Sitting, Standing, Bending, Lifting?
4. Do you smoke? No/Yes If yes, how much per day? _____ For how long? _____
5. Please list any medications you are taking (including self-prescribed and vitamins) _____

6. Do you follow or have you recently followed any specific dietary intake plans and in general how do you feel about your nutritional habits? _____

Waiver: I do hereby state that the above information is true and complete to the best of my knowledge and that I will not hold the Fitness 500Club or any employee of the Fitness500Club liable for any mishaps or injuries (physical or otherwise) arising from my training. I acknowledge that my choice to participate in training sessions is my complete personal responsibility, and such participation is at my own risk. On behalf of myself and all others in legal relationship with me, I hereby release Fitness 500Club and all affiliates, from any and all liability for any injury, either emotional or physical, which may occur to me while I am a client at the Fitness 500Club or as a result of using any information or instructions I receive from them or any Fitness 500Club affiliates. I declare that I have read, and understood and agreed to the contents of this waiver in its entirety.

Signature: _____

Date: _____

Print Name: _____

