

# CLIENT HEALTH QUESTIONNAIRE

Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

**Please read each statement carefully and choose Yes or No accordingly.**

Have you been diagnosed with a heart or blood pressure condition including but not limited to :  
Arrhythmia, Hypertension, Heart Attack, etc.? **Yes or No**

Have you ever experienced chest pain while exercising? **Yes or No**

Have you ever experienced vertigo or dizziness while exercising? **Yes or No**

Have you ever experienced breathing problems while exercising?  
(Asthma, Allergies, etc.) **Yes or No**

Do you have any joint pain or bone problems? **Yes or No**

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any other conditions or medical concerns that could inhibit your ability to  
participate in an exercise program? (High cholesterol, thyroid, hernia, etc.?) **Yes or No**

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any surgeries? **Yes or No**

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have answered 'Yes' to one or more of these questions, consult your physician before  
engaging in physical activity. Tell your physician which questions you have answered 'Yes' to.  
After a medical evaluation, seek advise from your physician on what type of activity is suitable  
for your current condition.

Are you currently taking and drugs, prescriptions or supplements? **Yes or No**

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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If so, are you experiencing any side effects from your drugs, prescriptions or supplements?  
Please describe:\_\_\_\_\_

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What is your current occupation?\_\_\_\_\_

Does your occupation require prolonged sitting? **Yes or No**

What recreational activities do you enjoy doing?\_\_\_\_\_

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What are your goals for hiring a personal trainer?\_\_\_\_\_

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Additional notes:

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*Please return the completed form to fitkat@scbodyworks.com*