

CLIENT HEALTH QUESTIONNAIRE
KAT LAMBERT - YOUR TRAINER

Name _____ Age _____ Date _____

What are your goals for hiring me, as your trainer?

What is your current occupation? _____

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

What recreational activities do you enjoy doing?

Please read each statement carefully and check 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 problems, hernia, etc?)

Yes or No Please describe:

Have you had any surgeries? Please describe:

If you have answered 'Yes' to one or more of the questions above, 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 any drugs, prescriptions or supplements? **Yes or No**

Please describe:

If so, are you experiencing any side effects from your drugs, prescriptions or supplements?

Please describe:

Additional notes:

Signature _____

Please return the completed form to fitkat@scbodyworks.com