



Personal Training Health Screening Questionnaire

Personal Information

Today's date: _____

Title: O DR. O Mr. O Mrs. O Ms.

First Name _____ Last Name: _____

Age: _____

Date of Birth: _____

Address: _____ Phone:(Home) _____

City: _____ Phone: (Work) _____

Email: _____ Phone: (Cell) _____

Occupation: _____

Gender: Male _____ Female _____

Height: _____ Weight: _____

Person to contact in case of emergency: _____ Phone: _____

Physician's Name: _____ Phone: _____

Medical History

Please indicate if any of these statements apply to you by placing **YES** in the space provided
(* past or current):

1. History of heart problem (i.e. Chest pain, heart murmur, or stroke) _____
2. Diabetes Mellitus _____
3. Asthma, breathing, or lung problems _____
4. Allergies _____
5. Cancer (other than skin) _____
6. Seizures, seizure medication, neurological problems, dizziness _____
7. High blood pressure _____
8. Back problems, joint or muscle disorder still affecting you _____
9. Recent surgery (last 12 months) _____
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. Do you smoke tobacco products _____
15. Do you consume alcohol? _____
16. Do you take supplements of any kind? _____
17. Are you on medication? _____
18. Do you have joint problems that might be aggravated by exercise? _____
19. Is stress from daily living an issue in your life? _____

Skeletal Injuries

Back _____

Neck _____

Head _____

Knee(R, L) _____

Shoulder(R, L) _____

Other injuries: _____

Surgery: _____

Please describe any special considerations or how your injury currently affects your ability to function: (i.e. Illness or Injury) _____

Please talk with your doctor by phone or in person before you start any new training program or have a fitness assessment. Tell your doctor about your health questionnaire and which questions you answered yes.

Goals

1. What are your concerns and goals? Example: fat loss, strength, power, muscular endurance, cardio fitness, flexibility, agility, core stability or balance)

2. Why do you want to achieve these goals? (Examples: general health, injury prevention/rehab, sport -specific training, aesthetic reasons)

3. What areas do you want to concentrate on or emphasize?
(i.e. specific areas to strengthen, joint stability, cardio or core conditioning)

Fitness History

4. Have you ever trained with a trainer before? _____

5. How long has it been since you have exercised regularly? (2 or more times/ week). _____

6. Do you have experience with free weights or functional stability training?

7. What type of cardiovascular exercise are you familiar with?

8. If you are an experienced exerciser or athlete, what exactly is your current program?

8. Are there any exercises that are contraindicated or not recommended by your physician or physical therapist?

9. How would you describe your level of daily activities? Please check one.
Light (office work)____ Moderate(Manual labor)____ Heavy (construction)____

10. Number of hours of sleep per night? _____

11. What is your available time and frequency for exercise?

What days: MTWTHF(Specify in space below) What times: AM _____ PM _____

12. Any special considerations or requests?

13. Which program are you most interested in? **(specify in space below)**

TRAINING OPTIONS:

Group Classes - (16 people 1 Trainer, \$130 - \$300 per month)

Small Group - (3 people 1 trainer \$335 - \$960 per month)

Personal Training - (1 on 1 with trainer \$440 - \$1440 per month)

(1 hour sessions)



TRAIN THE BRAIN FIT CLUB LIABILITY FORM

CLIENT RELEASE FOR PARTICIPATION AT TRAIN THE BRAIN FIT CLUB

I hereby request the opportunity to participate in an exercise program consisting of physical exercise designed to improve cardiovascular efficiency, improve flexibility and develop muscular strength and endurance. I hereby acknowledge that my participation in such program is entirely voluntary on my part. Such participation is solely for my own pleasure and benefit.

I will be taught how to properly operate all equipment necessary for my participation. I realize that the physical fitness equipment provided can be potentially dangerous and that if I am unsure of the proper operation of any equipment, I should ask for assistance from TRAIN THE BRAIN FIT CLUB.

It is possible that certain unhealthy changes may occur during exercise (e.g., dizziness/fainting, abnormal heart rhythms, and in rare instances, heart attacks). I hereby accept all risks of such changes. The information which is obtained through this program will be confidential and become a part of my TRAIN THE BRAIN FIT CLUB records.

In consideration of acceptance of my participation in such program, I hereby release TRAIN THE BRAIN FIT CLUB (as a group and as individuals) of any of the foregoing for liability for any injury or damage sustained by me while participating in such a program.

Client Signature

Date

Client Name (PRINT)

Parent or Guardian
(for participants under the age of majority)

Trainer Name (PRINT)