

FITNESS QUESTIONNAIRE

Name: _____ Date of Birth: _____

Address: _____

Phone: Work _____ Home _____ Mobile _____

Email: _____ Occupation: _____

Person to be notified in case of emergency: _____ Phone: _____

Doctor's Name: _____ Phone: _____

1. Are you pregnant or have you given birth in the last 6 weeks? YES / NO
2. Are you currently taking any medication? YES / NO
3. If YES, do you have medical clearance to participate in an exercise program? YES / NO
If YES, please describe the type of medication: _____
4. Do you smoke? YES / NO
5. Do any positions or exercises cause you pain or anxiety? _____ YES / NO
6. Have you ever been to a Personal Trainer before? YES / NO
7. Have you ever had:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Pains in the Chest | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Dizziness or Fainting | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Major muscle, joint or back problems | <input type="checkbox"/> Other _____ |

8. What are your Personal Fitness Goals?

<input type="checkbox"/> Reduce Body Fat / Weight Loss	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Improve Muscle Tone	<input type="checkbox"/> Improve Flexibility
<input type="checkbox"/> Increase Endurance / Stamina	<input type="checkbox"/> Other _____

9. How many visits per week would you make to achieve your goals? _____

10. How did you hear about us? (Tick all those applicable)

- | | | |
|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Television | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Other _____ |

STATEMENT

I declare that the above information I have given is true and accurate to the best of my knowledge and that any injury, condition indicated has been cleared by a medical practitioner for the purpose of exercise. In the case of injury, condition arising after this date, I will notify 1-2-1 Personal Training in writing immediately. I hereby certify that I have voluntarily elected to participate in a Fitness Assessment and are aware of the content and procedure involved.

Please note that 24 hours notice is required for appointment changes or full fees will be applied.

Signed: _____ Date: _____



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Fitness History:

Injuries:

Goals:
