

Client Pre-Exercise Questionnaire

Name:	DOB:
Address:	Today's date:
	Next of kin:
Home no: Mobile no: Email address:	Next of kin Contact Details:

GENERAL QUESTIONS

Have you had personal training before? YES NO

What has prompted you to take up personal training?

.....

What is your occupation?

.....

Do you smoke/are you an ex-smoker? YES NO

.....

PAR-Q

Please Circle:

Have you ever/do you currently have a heart condition? YES NO

Have you ever experienced a stroke? YES NO

Have you ever/do you currently have epilepsy YES NO

Have you ever/do you currently have Diabetes YES NO

Have you ever/do you currently experience chest pain when you engage in physical activity? YES NO

Do you ever lose consciousness or do you ever lose control of your balance due to dizziness? YES NO

Has a GP ever told you or are you aware that you have high/low blood pressure? YES NO

Have you ever / do you currently have a respiratory disorder? YES NO

Have you ever / are you currently being treated for a bone, joint or soft tissue injury? YES NO

Are you pregnant / had a baby in the last 3 months? YES NO

Has a GP ever told you or are you aware that you have high cholesterol? YES NO

MEDICAL HISTORY

Have you suffered from or are you suffering from any form of illness that may be relevant?

If yes, please give details

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.....

Have you suffered from or are you suffering from any form of injury that may be relevant?

If yes, please give details

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Are you taking any prescribed medication?

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Do you have any allergies?

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Have you had any surgery during the last 10 years?

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Is there any other information you feel is important to mention now? Are there any other aspects to your health not mentioned above that may affect your personal training?

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.....

Current exercise and physical activity

Are you currently exercising? YES NO

If yes, how many sessions per week

.....

If yes, how long per session

.....

Do you regularly play/train for any sports? YES NO

If yes, which?

.....

What types of exercise and activity do you enjoy?

.....

What type of exercise and activity do you not enjoy?

.....

Goals of your Personal Training

List your goals you would like to achieve, with timescales.

1.
2.
3.
4.

List the steps you will take to achieve these goals (exercise, nutrition)

1.
2.
3.
4.

Informed Consent

My participation in any fitness training programme with..... is voluntary.

The information I have given is correct to the best of my knowledge. Apart from any conditions previously mentioned, I am in good physical condition, capable of performing active or passive exercise without detriment to my health, safety or physical comfort.

PERSONAL TRAINING sessions consist of activities that are designed to gradually improve the efficiency with which the body functions, but no guarantee of improvements can be made. Exercise levels will be progressive and be regulated by the trainer. During the training sessions, and for a period after, you may experience local muscular soreness and some fatigue. These minor discomforts very often disappear within 48 hours.

The reaction of the body to such activities cannot always be predicted. There are risks during or following exercise. These include abnormalities of blood pressure, heart rate or in very rare cases cardiac complications. Should you feel unwell or unsure please let the trainer know immediately. Every effort will be made to avoid any adverse reaction, your trainer is a qualified First Aider and trained in CPR (emergency resuscitation) and is aware of emergency procedures to minimise the risk of any unexpected events should they occur. A doctor will not be present during the sessions and is not available through your trainer.

All information acquired during Personal Training sessions will be treated with the strictest confidentiality. You are free to stop your session at any time.

Please make sure before signing this form that all your questions have been answered. Take as much time as you deem necessary, and if you wish, discuss your participation with your doctor.

Client Signature:

Date:

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Fitness representative signature:

Date:

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