

Personal Training Client Health History Form



Please answer each question by providing the necessary information. Your answers will be kept confidential.

Client Information & Release Form

First & Last Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) Home _____ Work _____ Cell _____

E-mail _____

Employer _____ Occupation _____

In case of an Emergency, please notify:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) Home _____ Work _____ Cell _____

General Medical History & Information

Are you under the care of physician, chiropractor, or other health care professional for any reason? If yes, list reason: _____

Are you aware of any disease or disorder that would complicate your participation in a testing or exercise program? _____

Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise? _____

Are you taking any medications? If yes please indicate the type of medication, dosage, frequency, and reason(s) for taking it. _____

Please list any allergies _____

Has your doctor ever said your blood pressure was too high? _____

Are you over age 65? _____ Are you unaccustomed to vigorous exercise? _____

Is there any reason not mentioned here why you should not follow a regular exercise program?
If so, please explain _____

Please describe any past or current musculoskeletal conditions you have incurred such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort:

Head / Neck _____

Upper Back _____

Shoulder / Clavicle _____

Arm / Elbow _____

Wrist / Hand _____

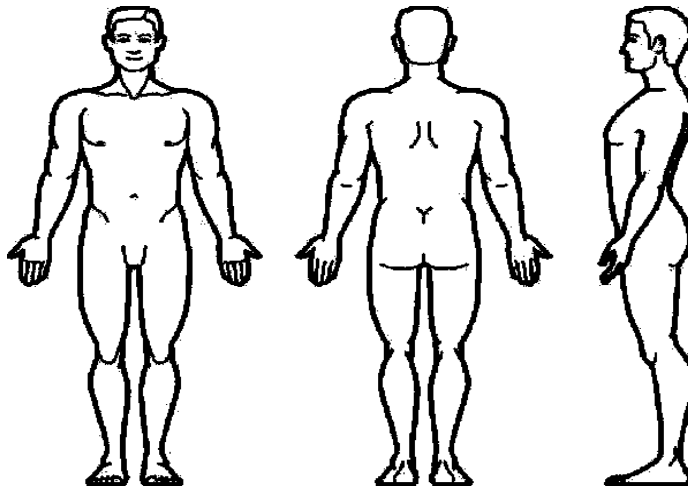
Lower Back _____

Hip / Pelvis _____

Thigh / Knee _____

Lower Leg / Ankle / Foot _____

Please circle any areas of pain, injury, tension, or restriction of movement.



Have you recently experienced any chest pain associated with either exercise or stress? If so, please explain _____

Do you have a family history of any of the following conditions?

Heart Disease _____ Heart Attack _____ Hypertension _____ Gout _____

Abnormal EKG _____ Asthma _____ High Cholesterol _____ Angina _____ Diabetes _____

Other heart conditions _____

Females: Are you pregnant or think you may be pregnant? _____

Current Exercise Information

Please explain your current exercise regimen including all strength training, cardiovascular training or other sporting activities that you perform. Include day(s) of the week / activity / length of time.

Body Type / Activity Level / Goal Information

What are your goals? Check all that apply.

Body Fat Loss _____ Build Muscle _____ Strength Training _____

Increase Flexibility _____ General Health Maintenance _____

What is your weight? _____ What is your desired weight? _____ Height _____

How active are you and/or what is your exercise lifestyle like? Check all that apply.

Sedentary _____ Somewhat Active _____ Active _____ Very Active _____

Please answer yes or no to the following questions:

Is it hard for you to gain weight? _____

Can you eat a lot and not still gain weight? _____

Do you gain or lose weight according to your fluctuations in activity & food consumption? _____

Is it hard for you to lose weight? _____

Do you gain weight even if you're not careful about food intake? _____

Current Nutritional Consumption

Please list the foods, beverages, supplements, etc that you take on the average day. Include time / quantity / Food-Beverage-Supplement.

List any information you feel is necessary for your trainer to know that may be important to your fitness & health program. _____
