PRE-EXERCISE SCREENING FORM.

Name……..
Age……..
D.O.B ___/___/19_____
Address……
……
Sex……..
Height……..
Weight……..
Tel Home …….. Tel Work …….. Tel Mobile ……..

Have you ever suffered from any of the following medical conditions ?

1.	Diabetes.	Y	N
2.	Stress or High Blood Pressure.	Y	N
3.	Asthma or Respiratory Illness.	Y	N
4.	Heart or Chest Pains.	Y	N
5.	Epilepsy, Fainting or Dizziness.	Y	N
6.	Arthritis.	Y	N
7.	Neck or Back Pain.	Y	N
8.	Any other muscle or joint pain ? Please specify……		

Are you pregnant ?	Y	N
Have you had a baby in the last six months ?	Y	N
Do you smoke ?	Y	N

If YES, how may per day……..

Has your doctor ever advised you against any form of exercise ? Y N

If YES, please explain……
……

Are you presently taking any medication on a regular basis ? Y N

If YES, please list names and dosages of each……
.....
.....

Are you currently on a specific diet ? Y N

If YES, please give details and where you heard about the diet……
.....
.....
.....

Are you aware of any injury, past or present, which may be aggravated by any form of exercise ? Y N

If YES, please explain……
.....

Do you have any previous experience with personal training ? Y N

How do you rate the amount of physical activity you perform whilst at work ?

..... Very low. ..... Low ..... Moderate.

..... Active. ..... Very Active.

Which types of training have you had experience with previously ?

1. Cardiovascular training. (Walking, Jogging, Running) Y N
2. Endurance training. (Long distance running) Y N
3. Strength training. (Free weights, resistance machines) Y N
4. Flexibility training. (Yoga, Pilates) Y N
5. Hypertrophy training. (Bodybuilding) Y N
6. Regular gym sessions. Y N

Are you presently, or have you previously, played a specific sport ? Y N

If YES, please specify……
.....

How do you perceive your current level of fitness ?

..... Low ..... Average ..... Good ..... High.

What are your short and long term health and fitness goals ?

Short
Term……
……

……
……

Long
Term……
……

……
……

How many times per week are you looking to train ?

……

Which days of the week and at what time of day would you prefer to train ?
……
……

How did you hear about “In Fitness & In Health” ?
……
……

Signed_____Date _____/_____/20____