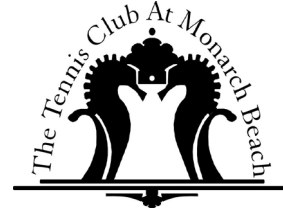




Health and Exercise Questionnaire



Name: _____
Phone # _____ Email _____

Age: _____

What are your primary goals?

Strengthen heart and lungs (cardio-vascular system)

Lose weight

Stress management

Improve muscle tone

Where? _____

Improve flexibility

Where? _____

Improve athletic performance

Sport? _____

Gain weight

Other goals? _____

How much cardiovascular activity do you engage in? Days/week _____ How long _____

What type? _____

Do any of these conditions apply to you?

Chest pain

Diabetes

Arthritis

Respiratory disease

Emphysema

Cancer

High blood pressure

Obesity

Cigarettes

Heart attack

Back injury

Asthma

Signif. EKG abnormalities

Hypoglycemia

Hearing loss

Cholesterol above 300mg/dl

Fainting

Epilepsy

Heart disease

Migraines

Back/Neck pain

Heart murmur

Alcoholism

Pregnant

Musculoskeletal abnormality Where: _____

Other: _____

Have you ever had:

Chest pain

Heart palpitations

Shortness of Breath

Are you currently taking any medications: Yes No

Name of medication _____

What for? _____

Are you currently under medical care: Yes No

What for? _____

Would you like some information on Personal Training? Yes _____ No _____

Requested Trainer _____