



Client Pre-questionnaire

Date: ___/___/___

Name: _____

Gender: Male/Female

Date of Birth ___/___/___

Address: _____

Contact Number: (H) _____ (M) _____ (W) _____

Email: _____

Occupation: _____

Doctor/Doctor Surgery: _____

Emergency Contact

Name: _____ Number: _____

Relationship: _____

General and Medical Questions

Has your doctor ever told you that you have a heart condition or suffered from a stroke?

Yes/No

Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? Yes/No

Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? Yes/No

Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? (e.g. Arthritis, bone fractures, dislocations, chronic muscle fatigue, osteoporosis, MS, scoliosis, spondylolisthesis, spondylolysis, Parkinson's disease, cerebral palsy, serious sprains or strains) Yes/No

Details _____

Has a doctor ever diagnosed you with a chronic disease (e.g. Coronary heart disease, coronary artery disease, hypertension, hypotension, high cholesterol or diabetes) Yes/No

Details _____

Are you currently taking any medications/supplements? Yes/No

Details _____

Do you have any other medical conditions that may make it dangerous for you to participate in physical activity/exercise? Yes/No

Details _____

Have you ever had any surgeries? Yes/No

Details _____

Do you have any current/past injuries? Yes/No

Details _____

Are you pregnant or given birth in the last 12 months? Yes/No

Are you a smoker? Yes/No

Do you consume alcohol on a regular basis? Yes/No

Exercise History- Are you currently participating in any physical activity/exercise? Yes/No

Details _____

What are your short-term goals? _____

What are your long-term goals? _____

Likes/Dislikes? _____

Are there any particular types of training you would like in your sessions? E.g. Boxing

Details_____

Medical Clearance- Yes/No

Date:

Client's Name:

Client's Signature:

Personal Trainer Signature:

Date: