

Name: _____ Date: _____

Address: _____ DOB: _____

Telephone: H _____ AGE: _____

Telephone: C _____ Sex: Male _____ Female: _____

Telephone: W _____ Height _____ Weight _____

Email: _____ Fax _____

Emergency Contact: Name: _____ Relation: _____

Describe present exercise program. _____

What are your goals. _____

Time commitment to training? _____

Do you now or have you had in the past:	YES	NO
1. Heart problems, chest pain or stroke	_____	_____
2. Increased blood pressure	_____	_____
3. Any chronic illness or condition	_____	_____
4. Difficulty with physical exercise	_____	_____
5. Recent surgery last 12 months	_____	_____
6. Pregnancy (now or past 6 months)	_____	_____
7. Breathing or lung problems	_____	_____
8. Muscle joint or back disorders	_____	_____
9. Any pain or discomfort not diagnosed as injury	_____	_____
10. Diabetes or thyroid condition	_____	_____
11. History of heart trouble in family	_____	_____
12. Hernia now or in the past	_____	_____
13. Cigarette smoking habit	_____	_____
14. Alcohol consumption, more than 3 drinks per week	_____	_____

Comments regarding yes to answers above or anything significant to your present health _____

Are you currently on any medications or drugs. _____

DATE _____

CLIENT SIGNATURE

DATE _____

TRAINER SIGNATURE