

Personal Training Health Questionnaire

Name (Please Print) _____ Birthdate _____

Address _____ Zip _____

Phone Number _____ Alt. Phone _____ Occupation _____

Email (Only to receive our occasional newsletter/announcements, pls check here if you do *not* wish to be added ☹)

How did you hear about us? _____

In case of emergency, whom may we contact? Name: _____

Relationship? _____ Phone: _____ Alt Phone: _____

1. ___ Yes ___ No Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. ___ Yes ___ No Do you feel pain in your chest when you do physical activity?
3. ___ Yes ___ No In the past month, have you had chest pain when you were not doing physical activity?
4. ___ Yes ___ No Do you lose your balance because of dizziness or do you ever lose consciousness?
5. ___ Yes ___ No Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
6. ___ Yes ___ No Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. ___ Yes ___ No Do you know of any other reason why you should not do physical activity?

Present/Past History

Have you had or do you presently have any of the following conditions (check if yes):

- | | | |
|---------------------------------|-----------------------------|-------------------------|
| ___ Rheumatic fever | ___ Edema | ___ High blood pressure |
| ___ Low blood pressure | ___ Injury to back or knees | ___ Seizures |
| ___ Lung disease | ___ Heart attack | ___ High cholesterol |
| ___ Fainting or dizziness | ___ Chest pains | ___ Known heart murmur |
| ___ Palpitations or tachycardia | ___ Shortness of breath | ___ Diabetes |
| ___ Chest Pains | ___ Recent operation | ___ Other |

Family History

Have any of your first-degree relatives (parent, sibling, or child) experienced the following conditions?

- | | | |
|---------------------|-------------------------|----------------------|
| ___ Heart condition | ___ High blood pressure | ___ High cholesterol |
| ___ Diabetes | ___ Other major illness | |

Activity History

1. Date of your last physical examination performed by a physician? _____
2. On a typical day do you do a lot of (circle): Sitting Standing Bending Lifting Repetitive Movements

(continues on back)

Personal Training Health Questionnaire

(continued)

3. Do you participate in a regular exercise program at this time? Yes No If yes, describe:

4. Have you ever performed resistance training exercises in the past? Yes No

5. Do you have injuries (bone or muscle disabilities) that may interfere with exercising?

Yes No If yes, briefly describe:

6. Do you smoke? Yes No If yes, how much per day and at what age did you start? _____

7. Please list any medications you are taking (including self-prescribed):

8. What is your body weight now? _____ What was it a year ago? _____ At age 21? _____

In general how do you feel about your weight/body image?

9. Do you follow or have you recently followed any specific dietary intake plan and in general how do you feel about your nutritional habits?

10. Are there any injuries or limitations that have not been discussed up to this point?

Waiver: I do hereby state that the above information is true and complete to the best of my knowledge and that I will not hold Tiger Coaching & Personal Training or any trainer or coach thereof liable for any mishaps or injuries (physical or otherwise) arising from my training. I acknowledge that my choice to participate in training sessions is my complete personal responsibility, and such participation is at my own risk. On behalf of myself and all others in legal relationship with me, I hereby release Tiger Coaching & Personal Training Inc., Gary Bredehoft and all affiliates, from any and all liability for any injury, either emotional or physical, which may occur to me while I am a client of Tiger Coaching or as a result of using any information or instructions I receive from them or any Tiger Coaching affiliates. I declare that I have read, understood and agreed to the contents of this waiver in its entirety.

Signature

Date