



ABN 20 782 208 513
5 Peel Street Belmore, NSW 2192
Ph: 0402 917 510

PRE – EXERCISE HEALTH QUESTIONNAIRE

Name: _____ D.O.B: _____

Occupation: _____

Weight: _____ Height (If known): _____

Address _____

_____ Ph: _____

Email: _____

Emergency Contact: _____

Relationship: _____

Ph: (W) _____ (H) _____

(M) _____

Do you suffer from or are you taking medication for:

- High blood pressure or any form of heart complication including chest pain Y N
- Asthma or any form of lung or airway restriction or obstruction Y N
- Elevated cholesterol or triglycerides Y N
- Epilepsy, seizures of any kind, low blood pressure or fainting attacks Y N
- Diabetes Y N
- Have **ANY** members of your family ever suffered from any of the above? Y N

Do you smoke or have you quit smoking in the last 12 months? Y N

Do you have any current injury or illness? Y N

Are you taking any form of prescribed medication at this time? Y N

Do you suffer from allergic reactions? Y N

Are you pregnant or have you given birth in the last 3 months? Y N

Have you been hospitalised recently or had any form of surgery? Y N

Are you currently dieting or fasting Y N

Do you have or have you ever had:

Heart conditions such as stroke, high blood pressure, murmur or chest pain Y N

Asthma or breathing condition Y N

Gout, diabetes or epilepsy Y N

Hernia or ulcers Y N

Headaches or migraines Y N

Liver or kidney condition Y N

Glandular or rheumatic fever Y N

If 'YES' to any of the above please give an explanation, a medical certificate is required prior to commencing your exercise program in the interest of personal safety.



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Exercise History

Do you currently engage in exercise? _____

If 'YES', How many sessions per week? _____

On average, how long are these sessions? _____

What activities (if any) do you engage in? _____

What has prevented or stopped you from exercising regularly previously? **(Please tick)**

- TIME WORK CHILDREN STUDY
 FINANCES MOTIVATION INJURY HEALTH (MEDICAL)

What do you want to achieve from your training sessions and what are your fitness goals?

How many days a week can you exercise? _____

What are your ideal training times? **(Please tick)**

- EARLY MORNINGS MORNINGS LUNCH AFTERNOONS
 EVENINGS LATE EVENINGS WEEKENDS

Please read the following client acknowledgement and assessment consent carefully.

I have volunteered to participate in a program of physical exercise under the direction of a personal trainer. I do here and forever release and discharge and hold harmless my personal trainer and respective agents, heirs, assigns, contractors and employees from any legal claims, demands, damage, rights or cases of action, present or future, arising out of or connected with my participation in this or any exercise and nutrition program including any resulting injuries.

I recognise that an examination by a physician, or other relevant health specialist should be obtained prior to commencing my exercise program. If I have chosen not to obtain a physician's permission prior to beginning this program, I hereby agree that I am doing so at my own risk.

I attest that the information provided above is honest, truthful and that I have fully disclosed any previous or existing medical, physical, physiological or psychological condition (s) or impairment(s) that could preclude or restrict me from undertaking exercise related activity.

Trainer's name: _____ Your Signature: _____

Date of Assessment _____ Doctors Referral [Y] [N]

LIFESTYLE & WELLNESS QUESTIONNAIRE

Below is a list of questions that will give your trainer a better understanding of what makes you tick. These questions are important in providing more information about your fitness goals, lifestyle and overall perceptions on the journey you are about to embark on. The information gathered will help in the design of your exercise plan and provide both parties with a better understanding of your overall needs in helping you to achieve success.

1. What is your motivation for starting an exercise program?

2. What is your commitment level to reach your goals on the below scale:

Low 1 2 3 4 5 6 7 8 9 10 High

3. What is your basic weekly schedule, around which you plan to fit your exercise program?

4. Do you have any lifestyle or cultural issues that may impact on your exercise program or prevent you from reaching your fitness goals?

5. Do you smoke or drink excessively? If so, please provide details.

6. How do you feel about your weight/ body image?

7. Do you feel you have adequate support from your family, friends, and work colleagues etc to help you reach your fitness goals?

8. Are you currently dieting or watching what you eat? And do you plan to start other activities to improve your health? If so, please specify?

9. Are there any specific exercises that appeal/ do not appeal to you OR are there restrictions on what exercises you can perform? If so, please specify.

Date: _____ Signature _____

Trainer Signature: _____