

Health/Medical History Questionnaire

Name: _____ **Date:** _____ **Birth date:** _____

Address: _____
 Street **City** **State** **Zip**

Phone Number: _____ **Email** _____

Personal Physician:

Name: _____ **Phone:** _____

Personal Training Par-Q (Physical Activity Readiness Questionnaire

- 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Yes ___ No ___**

- 2. Do you feel pain in your chest when you do physical activity? Yes ___ No ___**

- 3. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes ___ No ___**

- 4. Do you have a bone or joint problem that could be made worse by change in your physical activity? Yes ___ No ___**

- 5. Is your doctor prescribing drugs for your blood pressure or heart condition? Yes ___ No ___**

- 6. In the past month, have you had chest pain when you were not doing physical activity? Yes ___ No ___**

I have read this entire document and have answered all of the questions to the best of my knowledge.

Printed Name

Signature

Date

Medical History

Present & Past History

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

- Rheumatic fever
- Recent Operation
- Edema (swelling or ankles)
- High blood pressure
- Injury to back or knees
- Low blood pressure
- Seizures
- Lung Disease
- Heat attack
- Fainting or dizziness
- Diabetes
- High cholesterol
- Shortness of breath at rest or with mild exertion
- Chest Pains
- Pain, discomfort in the chest, neck jaw, arms, or other areas
- Known heart murmur
- Unusual fatigue or shortness of breath with usual activities
- Temporary loss of visual acuity or speech, or short-term numbness or weakness in one side, arm, or leg
- Other

Family History

Have any of your first-degree relatives (parent, sibling, or child) experienced the following conditions? (Check if yes.) In addition, please identify at what age the condition occurred.

- Heart Attack
- Heart operation
- Congenital heart disease
- High blood pressure
- High cholesterol
- Diabetes
- Other major illness _____

Explain checked items:

Activity History

1. How were you referred to this program? (Please be specific.)

2. Why are you enrolling in this program? (Please be specific.)

3. Are you presently employed? Yes ___ No ___

4. What is your present occupational position?

5. Name of Company:

6. Have you ever worked with a personal trainer before? Yes ___ No ___

7. Date of your last physical examination performed by a physician:

8. Do you participate in a regular exercise program at this time? Yes ___ No ___

If so, what activity and how often? _____

9. Can you currently walk 4 miles briefly without fatigue? Yes ___ No ___

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

11. Do you have injuries that may interfere with exercising? Yes ___ No ___

If yes, briefly describe:

12. How high on a scale of 1-10 (10 being VERY stressful) is the level of stress in your life? _____

13. List the medications, nutritional supplements, etc... that you are presently taking: Please specify Dosage and Frequency. _____

14. List in order your personal health and fitness objectives.

a. _____

b. _____

c. _____

15. List any concerns or questions that you may have at this time:

a. _____

b. _____

c. _____

16. List three specific goals that you would like to accomplish by hiring a trainer:

a. _____

b. _____

c. _____

Thank you for your time filling out the form truthfully and completely. I look forward in working together to accomplish the above stated goals!