

**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:

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**Activity History**

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

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

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3. Are you presently employed? Yes \_\_\_ No \_\_\_

4. What is your present occupational position?

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5. Name of Company:

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

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

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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:

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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. \_\_\_\_\_

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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!