

LM Fitness Pre-Exercise Questionnaire



Personal Details:

Title: Mr Mrs Miss Ms Dr Other (please circle)

First Name: _____ Surname: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____
_____ Postcode: _____

Daytime Tel: _____ Email: _____

Mobile Tel: _____

Emergency Contact:

Name: _____ Relation to you: _____

Contact Number: _____

Can this person be contact on this number at any time, especially during your training sessions?

YES / NO

If no, please supply an alternative contact or number.

In order to ensure a safe and effective exercise prescription, we must first look at your current health status. This questionnaire has been designed to highlight areas of health, which may be aggravated by an increased level of physical activity. If required, medical advice/clearance may be requested from your GP to ensure that the activities prescribed are those most appropriate to your level of fitness. Please answer the following questions as honestly as you can to the best of your knowledge.

Do you suffer from any heart conditions, or have a family history of heart problems?

Yes / No

If yes, please detail: _____

Do you experience any pains with physical exertion? Yes / No

If yes, where: _____

During exercise do you suffer from any kind of chest pain? Yes / No

Please detail: _____

Do you suffer from: a) Dizziness Yes / No

b) Fainting Yes / No

c) Blackouts Yes / No

Please detail: _____

Please detail any medication – prescription or otherwise – that you are currently regularly taking?

Do you suffer from: a) Epilepsy Y/N Minor / Major

b) Diabetes Y/N Type I / Type II

c) Asthma Y/N Severity: _____

d) Any other breathing condition Y/N

Details: _____

Are you aged 65 years or over? Yes / No

Do you suffer from High or Low Blood Pressure? Yes / No

Last reading date and result if known: _____

Do you: a) Smoke Y/N If yes, how many a day: _____

b) Given up Y/N If yes, when: _____

Have you had any surgery or been hospitalized within the past 5 years? Yes / No

Details: _____

Are you, or have you been pregnant within the past 6 months? Y / N

D-o-B: _____

Type: _____

Do you suffer any problems with: a) Joints Y / N

b) Bones Y / N

c) Muscles Y / N

Details: _____

Is there any family history of any other medical conditions? Y / N

Details: _____

Do you have any difficulty sleeping? Y / N

Details: _____

Are you aware of any conditions that may affect or restrict your ability to take part in exercise? Y / N

Please read the following statements, and sign below to confirm your agreement.

I can confirm that I have answered all of the above questions truthfully to the best of my knowledge.
I agree to notify my personal trainer immediately should any of the above change.
I understand that an increase in exertion levels during exercise carries an increased risk of injury and I accept the responsibility for my actions.

Client Signed: _____ Date: _____

Client Printed: _____

Trainer Signed: _____ Date: _____

Trainer Printed: _____

Please state if you are happy to be included on my mailing list regarding latest offers, news, new classes and other group courses available?

YES / NO