



ASSESSMENT QUESTIONNAIRE

STRICTLY PRIVATE AND CONFIDENTIAL

## Personal Training Health Screening Questionnaire

### Personal Information

Today's date: \_\_\_\_\_

Title:  DR.  Mr.  Mrs.  Ms.

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

First Name

Last Name

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

City: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Mob) \_\_\_\_\_

Occupation: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_



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Person to contact in case of emergency: \_\_\_\_\_ Tel: \_\_\_\_\_

**Medical History**

Please indicate if any of these statements apply to you by placing YES in the space provided

(\* past or current):

- 1. History of heart problem (i.e. Chest pain, heart murmur, or stroke) \_\_\_\_\_
- 2. Diabetes Mellitus \_\_\_\_\_
- 3. Asthma, breathing, or lung problems \_\_\_\_\_
- 4. Allergies \_\_\_\_\_
- 5. Cancer (other than skin) \_\_\_\_\_
- 6. Seizures, seizure medication, neurological problems, dizziness \_\_\_\_\_
- 7. High blood pressure \_\_\_\_\_
- 8. Back problems, joint or muscle disorder still affecting you \_\_\_\_\_
- 9. Recent surgery (last 12 months) \_\_\_\_\_
- 10. Hernia or any condition that may be aggravated by exercise \_\_\_\_\_
- 11. Physician's advice not to exercise \_\_\_\_\_
- 12. History of high cholesterol \_\_\_\_\_
- 13. Family history of coronary heart disease? \_\_\_\_\_
- 14. Do you smoke tobacco products? \_\_\_\_\_
- 15. Do you consume alcohol? \_\_\_\_\_
- 16. Do you take supplements of any kind? \_\_\_\_\_
- 17. Are you on medication? \_\_\_\_\_
- 18. Do you have joint problems that might be aggravated by exercise? \_\_\_\_\_
- 19. Is stress from daily living an issue in your life? \_\_\_\_\_



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**Skeletal Injuries**

Back \_\_\_\_\_ Neck \_\_\_\_\_  
Head \_\_\_\_\_ Knee(R,L) \_\_\_\_\_  
Shoulder(R,L) \_\_\_\_\_ Other \_\_\_\_\_  
injuries \_\_\_\_\_ Surgeries \_\_\_\_\_

Please describe any special considerations or how your injury currently affects your ability to function: (i.e. Illness or Injury)

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Please talk with your doctor by phone or in person before you start any new training program or have a fitness assessment. Tell your doctor about your health questionnaire and which questions you answered yes.

**Goals**

1. What are your concerns and goals? (example: fat loss, strength, power, muscular endurance, cardio fitness, flexibility, agility, core stability or balance)

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2. Why do you want to achieve these goals? (Examples: general health, injury prevention/rehab, sport –specific training, aesthetic reasons)

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3. What areas do you want to concentrate on or emphasize? (i.e. specific areas to strengthen, joint stability, cardio or core conditioning)

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**Fitness History**

4. How long has it been since you have exercised regularly? (2 or more times/week).

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5. Do you have experience with free weights or functional stability training?

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6. What type of cardiovascular exercise are you familiar with?

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7. If you are an experienced exerciser or athlete, what exactly is your current program? \_\_\_\_\_

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8. Are there any exercises that are contraindicated or not recommended by your physician or physical therapist? \_\_\_\_\_

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9. How would you describe your level of daily activities? Please check one.

Light (office work)\_\_\_ Moderate( Manual labor)\_\_\_ Heavy (construction)\_\_\_

10. Stress (high=5, low=1) please circle one.

Physical 1 2 3 4 5    Personal/ Emotional 1 2 3 4 5    Mental/Career 1 2 3 4 5

11. Present method of handling stress:

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12. Number of hours of sleep per night? \_\_\_\_\_



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13. What is your available time and frequency for exercise?

What days: M T W T H F

What times: AM \_\_\_\_\_ PM \_\_\_\_\_

14. Any special considerations or requests?

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## Personal Training Agreement

### **Informed Consent & Assumption of Risk**

**(Must be signed prior to beginning personal training sessions)**

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any Blackler Personal Training program may cause injury, am voluntarily choosing to participate in the program. There are always certain risks associated with any physical activity. I understand these risks and declare myself physically sound and capable to participate in the program offered through Blackler Personal Training.

### **Personal Training Policies and Procedures**

1. Session or package of sessions are non-refundable and non-transferable
2. Session or sessions must be paid in full and will be scheduled with Adam Blackler
3. Clients must give 24 hours advanced notice of cancellation. Less than 24 hours or a no-show will result in a charged to the session or package.
4. Health Screening / Medical History Questionnaire, and Personal Information forms have been filled out honestly and to the best of my ability.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_