Personal Trainer Charlotte Relies On

Client Health and Physical Activity Worksheet

Name:____Trainer:______________
Address:________________________________Age:________Birthdate:______________
____Sex:________Height:______________
Email:_______________________________________Weight:______________________
Phone: Home (___)____________________________Business (___)________________
Physician's Name: ____________________________Phone: _____________________
Address:____
Emergency Contact-Name/Relationship:____________________Phone:_______________
Salesperson:____________________# of Sessions purchased:_______________________
Type of payment: Visa/MC Check Cash
Amount of sale: $__________________________ Payment received (circle): YES NO

1. Which days and times are best for you?

	Time
Monday	________
Tuesday	________
Wednesday	________
Thursday	________
Friday	________
Saturday	________

Start date: ______________________
How often: ______________________
Forms completed:

Health History	Yes	No
Participant Release	Yes	No
Billing Agreement	Yes	No
Doctor's Release	Yes	No

2. Please check if applicable

	Client		Family		If Yes, Describe
	YES	NO	YES	NO	
Diabetes	___	___	___	___	____________
High Blood Pressure	___	___	___	___	____________
High Cholesterol	___	___	___	___	____________
Smoke or use tobacco products	___	___	___	___	____________
Angina/Chest Pain	___	___	___	___	____________
Heart Murmur	___	___	___	___	____________
Irregular Heart Beats	___	___	___	___	____________
Abnormal Electrocardiogram	___	___	___	___	____________
Rheumatic Fever	___	___	___	___	____________
Thrombophlebitis	___	___	___	___	____________
Respiratory Infections	___	___	___	___	____________
Asthma	___	___	___	___	____________
Embolism	___	___	___	___	____________
Aneurysm	___	___	___	___	____________
Stroke	___	___	___	___	____________
Valve Disease	___	___	___	___	____________
Heart Attack	___	___	___	___	____________

3. **Do you have any of the following conditions that may limit your physical activity?** (check all that apply)

___Ankle/Foot Injury ___Bone Fracture ___Shoulder/Clavicle Injury ___Arthritis
___Low Back Pain ___Wrist/Hand Injury ___Arm/Elbow Injury ___Knee/Thigh Injury
___Hip/Pelvic Injury ___Calcium Deposits ___Nerve Damage ___Tennis Elbow
___Upper Back Injury ___Head/Neck Injury ___Other

If **other**, please explain:____

4. **Has your physician ever advised you against exercise?** ___Yes ___No
5. **Are you presently receiving physical therapy?** ___Yes ___No

6. **Are you presently taking any medications?**
___Yes ___No **If yes**, please list names and dosages of each:___________________________________
____

7. **Are you involved in an exercise program at the present time?** ___Yes ___No
If yes, please describe the program:____

8. **How would you rate the amount of physical activity at work?**
_____Very Little _____Little _____Moderate _____Active _____Very Active

9 **How would you rate the stress level of your job?**
_____Little _____Moderate _____Stressful

10. **When exercising, including climbing stairs, do you ever experience any of the following?** (check all that apply)
_____Chest Pains _____Shortness of Breath _____Pressure over the Heart _____A Tired-Out Feeling
_____Leg Aches _____Dizziness

11. **Have you ever had a stress test?** _____Yes _____N o
If so, date of most recent test:____
Results: _____Normal _____Abnormal

12. **What was your weight one year ago? _____ Five years ago? _____ At age: _____**

13. **Do you follow any special diet at the present time?** _____Yes _____No
If so, what type?
_____Low Cholesterol/Low Fat _____Low Salt _____Reduced Calorie _____Liquid Diet _____Other

If **other**, please specify:____

14. **What are your personal exercise program goals?**
_____Weight Control/Loss _____Staying in Shape _____Stress Reduction ___Increasing Strength
_____Cardiovascular Conditioning ___Other

If **other**, please specify:____

15. **What equipment do you presently have?**
____
____
____
____
____

16. **Any additional information or comments before beginning your exercise program?**
____
____
____
____
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