

Personal Training Profile

Health /Medical Questionnaire

Date: _____

Name: _____

Date of Birth: _____

Address: _____

Street

City

State

Zip

Phone (H): _____ (W): _____

Email address: _____

In case of an emergency, whom may I contact?

Name: _____

Relationship: _____

Phone: _____

Email address: _____

Personal Physician

Name: _____

Phone: _____

Nicki CrapottaPT

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 of the ankles)
- ☐ High blood pressure
- ☐ Injury to back or knees
- ☐ Low blood pressure
- ☐ Seizures
- ☐ Lung disease
- ☐ Heart attack
- ☐ Fainting or dizziness with or without physical exertion
- ☐ Diabetes
- ☐ High cholesterol
- ☐ Orthopnea (the need to sit up to breathe comfortably) or paroxysmal (sudden, unexpected attack) nocturnal dyspnea (shortness of breath at night)
- ☐ Shortness of breath at rest or with mild exertion
- ☐ Chest pains
- ☐ Palpitations or tachycardia (unusually strong or rapid heartbeat)
- ☐ Intermittent claudication (calf cramping)
- ☐ Pain, discomfort in the chest, neck, jaw, arms, or other areas with or without physical exertion
- ☐ 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 of your body
- ☐ Other

Nicki CrapottaPT

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 arrhythmia
- ☐ Heart attach
- ☐ Heart operation
- ☐ Congenital heart disease
- ☐ Premature death before age 50
- ☐ Significant disability secondary to a heart condition
- ☐ Marfan syndrome
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Diabetes
- ☐ Other major illness _____

Explain checked items:

Nicki CrapottacPT

Activity History

1. How were you referred to this program/trainer? (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 yes, briefly describe:

9. Can you currently walk 4 miles briskly without fatigue? Yes ____ No ____

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

11. Do you have injuries (bone or muscle disabilities) that may interfere with exercising? Yes ____ No ____ If yes, please briefly describe:

12. Do you smoke? Yes ____ No ____ If yes, how much per day and what was your age when you started?

Amount per day _____ Age _____

13. What is your body weight now? _____ What was it one year ago? _____

14. Do you follow or have you recently followed any specific dietary intake plan, and in general how do you feel about your nutritional habits?

15. List the medications you are presently taking.

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

a. _____

b. _____

c. _____

Nicki CrapottacPT

FITNESS EVALUATION

Name: _____

Date: _____

RHR: _____ bpm

Height: _____

Weight: _____

Girth Measurements:

Chest: _____

Waist: _____

Hips: _____

Upper Arm: _____

Thigh: _____

Calves: _____

Are you willing to make significant changes in your life in order to achieve your goals?

Making time for workouts: Y/N

Being accountable for food ingested (documenting and sharing with full honesty): Y/N

Timely progress evaluations in confidentiality (photos, measurements, etc.): Y/N

Have patience with your progress and faith in your trainer: Y/N

Participant's name (please print clearly)

Participant's signature

Date

Witness

Date