



Pre-screening Questionnaire

Mr MS Mrs Miss Dr

Full name _____ D.O.B _____

Street Address: _____ Suburb _____ P'Code _____

Ph: (Day) _____ Mobile _____ Email _____

Occupation _____ Is your occupation: Sedentary or Active (please circle)

Emergency contact _____ Phone _____

Do you have, or have you ever had?

Type one or type two diabetes? Yes No

Major or minor surgery in the past three months? Yes No

Have you been hospitalized in the last two years? Yes No

High or low blood pressure? Yes No

High Cholesterol? Yes No

Heart palpitations or been diagnosed with a heart condition? Yes No

Experienced shortness of breath or laboured breathing? Yes No

Ever seen a chiropractor or physical therapist for any condition? Yes No

Is there any history of heart disease (prior to age 55) in your immediate family? Yes No

Are you pregnant, or have you been pregnant within the last 3 months? Yes No

Do you smoke? Yes No

Did you ever smoke? Yes No

Are you over age 55 and/or not accustomed to vigorous exercise? Yes No

When was your last medical check up? _____

Do you suffer any joint pain, discomfort, or known current or past injury to your joints? Yes No

Notes:

Signed by client (or parent/guardian): _____ Date: ____/____/____

Full Name: _____ Signed Staff: _____

Please explain the nature of any pain and/or injury. What activities aggravate the condition?

Are there any other health/medical/injury conditions that your trainer should be aware of? _____

Please list any medications or dietary supplements you currently take:

Lifestyle Questions

Do you consider yourself a healthy person? Yes No

Do you Drink Alcohol? Yes No.

How Many drinks would you consume on a weekly basis? _____

Do you Drink caffeine? Yes No

Are you currently dieting? Yes No
If yes, what foods are you avoiding? _____

Have you ever been on a diet? Yes No
If yes, what type? _____

What exercise have you been doing lately?

Please Circle the activities you enjoy

- Running
- Kayaking
- Other _____
- Cross trainer
- Walking
- Resistance training
- Skipping
- Free weights
- Body weight exercises
- Classes
- Personal training