

Personal Training Health Screening Questionnaire

Personal Information

Today's date: _____

Title: Dr. Mr. Mrs. Ms.

Name: _____ / _____ Birth date: _____
 Last name First name Age: _____

Address: _____ Phone: (home) _____

City: _____ Phone: (work) _____

Province: _____ Postal Code: _____ Phone: (cell): _____

Email: _____ Fax: _____

Occupation: _____

Gender: Male _____ Female _____ Height: _____ Weight: _____

Person to contact in case of emergency: _____

Tel: _____

Physician's Name: _____

Tel: _____

May I send a copy of your consultation to your physician &/or physical therapist?

Yes _____ No _____

Medical History

Please indicate if any of these statements apply to you by placing a YES in the space provided (*past or current):

1. History of heart problems (ie. chest pains, 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 or dizziness _____
7. High blood pressure _____
8. Back problem, 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 a joint problem that might be aggravated by exercise? _____
19. Is stress from daily living an issue in your life? _____

Skeletal Injuries

Back _____

Neck _____

Head _____

Knee (R, L) _____

Shoulder (R, L) _____

Other Injuries: _____

Surgery: _____

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

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

Goals

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

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

- 3. Which criteria will you use to measure the effectiveness of this program? (examples: body measurements/%, sport-specific goals, increased energy level, stress reduction)

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

Fitness History

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

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

- 7. What type of cardiovascular exercise are you familiar with?

- 8. If you are an experienced exerciser or athlete, what exactly is your current program?

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

Lifestyle

10. How would you describe your level of daily activities?

Light (office work) __ Moderate (manual labor) __ Heavy (construction) __

11. Stress (high=5, low=1)

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

12. Present method of handling stress:

13. Number of hours of sleep per night? _____

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

What days: M T W Th F

What times: am _____ pm _____

15. Any special considerations or requests?

Client Agreement

This contracts being entered into between Dynamic By Nature Ltd. (referred to as "DBN") and _____, (referred to as "Client"), for services beginning on _____, and ending on _____. Fitness-based sessions will be performed _____ times per week (month) and will cost \$ _____ plus taxes per week (month). The Client will be invoiced once a month and will pay by cheque or cash within one week of invoice.

The Client's trainer will be _____.

If cancellation is not received 24 hours in advance, the Client agrees to pay in full for the scheduled session. This contract may be terminated with seven (7) days written notice to the other party.

I, the Client _____, am committed to making a positive change in my health through my participation in the monthly DBN program. I understand that certain elements of this program can be physically demanding, and that I may need to change various aspects of my lifestyle in order to realize the goals I have set in this program. I realize that DBN is responsible for providing the coaching I request. I am responsible for my own participation in this program, for my own physical and emotional well-being, and for the attainment of the goals I have established of this program.

TOTAL RELEASE AND WAIVER OF LIABILITY

As a condition of my enrollment, I accept full and complete responsibility for my own ability to healthfully participate in this program. I understand that participation and use of instruction, programs, activities, services, facilities, and equipment provided by DBN is potentially hazardous.

I hereby release DBN, its directors, officers, agents, employees, trainers, management, representatives, their assigns, their heirs, executors, and administrators, and all others from any responsibility or liability for any injury, damage or any loss whatsoever, including those caused by their negligence.

I have read and understood the above, and understand that it sets out the terms of engagement, and that it is also a total release, and waiver of liability.

Client signature: _____

Date: _____

By: _____
Dynamic By Nature Ltd.

Date: _____