City of Olivette Parks & Recreation Department
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CONFIDENTIAL

Personal Trainer Health History Questionnaire

CLIENT INFORMATION		
Last Name	First Name	
Cell Phone:	Email Address	
Street Address	City & Zip	
Birthdate:	Additional Phone:	Pronouns:

EMERGENCY CONTACT	
Last Name	First Name:
Cell Phone:	Relationship:

HEALTH CARE INFORMATION		
Health Care Provider Name:		
Telephone:	Insurance Provider:	
Location:		Group/Policy Number

PRESENT/PAST HISTORY

Have you had, or do you presently have any of the following? Check any that apply

- ☐ Any kind of heart disease or heart surgery
- ☐ Diabetes
- ☐ Prediabetes
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Kidney disease
- ☐ High Cholesterol
- ☐ Lung disease
- ☐ Seizures
- ☐ Cancer
- ☐ Rheumatic fever
- ☐ Fainting or dizziness
- ☐ Chest pains
- ☐ Known heart murmur
- ☐ Muscle or joint problems: *i.e. back, knee*
- ☐ Edema: *swelling of ankles or legs*
- ☐ Pain, discomfort in the chest, neck, jaw, arms, or other areas
- ☐ Unusual fatigue or shortness of breath at rest or with light activity
- ☐ Temporary loss of clear vision or speech
- ☐ Short-term numbness or weakness in one side, arm, or leg of your body
- ☐ Shortness of breath while lying down: at night or comes on suddenly.
- ☐ Intermittent claudication: *calf cramping*
- ☐ Palpitations or tachycardia: *unusually strong or rapid heartbeat*

CONTINUED ON REVERSE

☐ Recent operation: _____

☐ Other: _____

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, if known.

☐ Heart attack
☐ Heart surgery
☐ Congenital heart disease
☐ High blood pressure
☐ High cholesterol
☐ Diabetes
☐ Other major illness: _____

Please explain any checked items: _____

ACTIVITY HISTORY & GOALS

1. What are your personal health or fitness goals? _____

_____

2. Why have you decided to seek exercise guidance at this time? Please be specific. _____

_____

3. Were you referred to this program? ☐ Yes ☐ No If yes, by whom:_____

4. Have you ever worked with a personal trainer before? ☐ Yes ☐ No

5. Date of your last physical examination performed by a physician: _____

6. Do you participate in a regular exercise program currently? ☐ Yes ☐ No If yes, briefly describe:

_____

7. Are you able to walk two miles briskly without fatigue? ☐ Yes ☐ No

8. Have you ever performed strength training exercises in the past? ☐ Yes ☐ No

9. Do you have injuries (bone/muscle disabilities) that may interfere with exercising? ☐ Yes ☐ No

If yes, briefly describe: _____

10. Do you smoke? ☐ Yes ☐ No If yes, how much per day _____ Age started? _____

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

What was it at age 21? _____ How tall are you? _____

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

_____

_____

13. Please list all the medications you are presently taking: _____

_____

Completed by Personal Trainer

Trainer met with: _____ Date of First Meeting _____