

# pre-exercise questionnaire

## personal information

Name:	M / F
Email:	
Address:	
Telephone: Home	Mobile
Date of Birth:	Age:
Occupation:	Employer:
Person to be contacted in case of accident	
Contact Name:	Telephone:

## medical history

<b>Have you ever had or do you have?</b> Please place a tick for yes or cross for no in the boxes provided					
<input type="checkbox"/>	Rhematic Fever	<input type="checkbox"/>	Gout	<input type="checkbox"/>	Any Heart Condition
<input type="checkbox"/>	Glandular Fever	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heart Murmur
<input type="checkbox"/>	Dizziness or Fainting	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Family History Heart Disease
<input type="checkbox"/>	Stomach or Duodenal Ulcer	<input type="checkbox"/>	Liver or Kidney Condition	<input type="checkbox"/>	Palpitations or Pain in Chest
<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Stroke
<input type="checkbox"/>	Any Infectious Diseases	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	High Cholesterol
<input type="checkbox"/>	Chronic Cough	<input type="checkbox"/>	Regular Headaches	<input type="checkbox"/>	High/Low Blood Pressure
Injury / illness description:					
<b>Do you have any pain or major injuries in the following areas?</b>					
<input type="checkbox"/>	Neck	<input type="checkbox"/>	Back	<input type="checkbox"/>	Shoulders
<input type="checkbox"/>	Knees	<input type="checkbox"/>	Ankles	<input type="checkbox"/>	Muscular Pain
Description:					

## pre-exercise analysis

<b>1. What do you hope to achieve from your exercise program?</b> Please circle the number which best represents the importance of this goal 1 = extremely important      3 = somewhat important      5 = not important						
Improve general fitness level	1	2	3	4	5	<b>2. What are your Key Exercise Goals?</b>        Other Exercise Goals:
Improve cardiovascular fitness	1	2	3	4	5	
Increase energy levels	1	2	3	4	5	
Increase muscle strength	1	2	3	4	5	
Increase muscle mass	1	2	3	4	5	
Increase muscle definition	1	2	3	4	5	
Reduce body fat	1	2	3	4	5	
Tone up	1	2	3	4	5	
Improve flexibility	1	2	3	4	5	
Reduce stress	1	2	3	4	5	
<b>2. When do you want to achieve these goals?</b>						
<b>3. Is there anything you can think of that could prevent you from achieving these goals?</b>						
<b>4. Describe in one or two words how you feel about your health, well being and body-shape today?</b>						
<b>5. How much time can you dedicate to an exercise program? Min per day/days per week</b>						
<b>6. Have you been exercising or playing sport in the last 12 months? If so, please describe:</b>						
Are you currently exercising?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sometimes
<b>7. Did you/are you getting the results you expect?</b>						
<b>8. Are you currently a member of a gym? If so please provide the name and address of the gym.</b>						
<b>9. Have you had a personal trainer before?</b>		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If yes, what are some of the things about having a personal trainer that you enjoyed? If no, what are you expecting from personal training?						
<b>10. How did you hear about personal training with Innervate?</b>						
<input type="checkbox"/>	Friend's Referral	<input type="checkbox"/>	Yellow Pages	<input type="checkbox"/>	Radio	<input type="checkbox"/>
<input type="checkbox"/>	Leaflet	<input type="checkbox"/>	Sign	<input type="checkbox"/>	Advertising	<input type="checkbox"/>
<input type="checkbox"/>	Other					
<small>All information provided by me is accurate, to the best of my knowledge. I hereby declare that I am participating in this exercise program of my own free will, and at my own risk. I hereby agree to indemnify Innervate against any and all claims arising or that may arise from my participation in this exercise program. I declare that I am in a fit state to participate, and that if in doubt or should doubt arise regarding my fitness, I will undergo a physical examination by my own doctor prior to exercising or continuing to exercise. I take it upon myself to discuss any changes in my current health with my fitness instructor.</small>						
Client Signature:				Date:		

**congratulations for choosing to exercise with innervate.**

**we are looking forward to helping you achieve your health and fitness goals.**