



Client Health & Exercise History Questionnaire

The information collected on this form is completely confidential, will only be discussed with you and your health care provider (if necessary), and will only be used for the purpose of general fitness programming recommendations.

Personal Information

Client Name: _____ Date: _____

DOB: _____ Email Address: _____

Address: _____

Home Number: () _____ Cell Number: () _____

Work Number: () _____ Fax Number: () _____

Occupation: _____ How many hours a week do you work? _____

Marital Status: Married Single Ages of Children: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Number: () _____ Cell Number: () _____

Health History

Do you have now or have you had within the past year, any of the following (*please check all that apply*):

- _____ A personal or family history of heart problems, stroke, or coronary disease?
- _____ A personal history of high blood pressure (above 140/90)?
- _____ A family history of high blood pressure?
- _____ Skin tumors, skin cancer or melanoma?
- _____ Cancer? *Type(s)*: _____
- _____ Any infectious progressive illness, such as Hepatitis B, Acquired Immune Deficiency Syndrome, or other conditions?
- _____ Diagnosed heart murmur?
- _____ History of breathing or lung problems?
- _____ Hay fever or allergies?
- _____ High cholesterol? *Latest results*: _____
- _____ Asthma, emphysema, bronchitis?
- _____ Hospitalization within the last year?
- _____ Diagnosed disc problem(s) or hernia?
- _____ Eating disorder?
- _____ Any circulatory disorders?
- _____ Neuromuscular/neurological disorders such as seizures?
- _____ Fainting, convulsions, recurrent headaches, dizziness?
- _____ Chronic illness or disease?
- _____ Nervous or mental disorder?
- _____ Active rheumatoid arthritis?
- _____ Osteoporosis?
- _____ Digestive problems?

Are you currently pregnant? Yes No If yes, how far along are you? _____

Do you smoke cigarettes? Yes No If yes, how many per day? _____

Are you diabetic? Yes No If yes, how is it controlled? _____

Are you under the supervision of a doctor due to a recent illness or surgery (*please explain*)? Yes No

Do you have discomfort or pain in your neck, shoulder, elbow, forearm, knee, lower back, or hip when you are **not** working out (*circle all that apply*)? Other area? _____

Do you have discomfort or pain in your neck, shoulder, elbow, forearm, knee, lower back, or hip when you **are** working out (*circle all that apply*)? Other area? _____

Do you have trouble sleeping? Yes No How many hours do you sleep on the average night? _____

Please list the date of your last physical examination: Month/Year _____ / _____

Is there any reason that you should *not* exercise?

Has your doctor recommended that you lose weight? Yes No

Has your doctor recommended that you begin a fitness program? Yes No

Medications

Are you currently taking any of the following medications (*please select all that apply*)?

_____ Prescription medications? *Please list:*

_____ Over-the-counter medications? *Please list:* _____

_____ Dietary supplements? *Please list:* _____

_____ Laxatives or diuretics?

_____ Hormonal therapy?

I attest that the above information is true and correct to the best of my knowledge. I agree to contact Café Physique LLC to discuss any changes in my health history, and I will provide all changes to my trainer in written form with my signature. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate or that I have decided to participate in activity and/or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities as well as the utilization of equipment and machinery during my activities.

Client Name (Please Print)

Date

Client Signature

Date

Exercise History

Current Weight: _____ How long at this weight? _____

Have you ever had a personal trainer before? Yes No Did you train at home or gym? _____

What did you like most about working with him/her? _____

What did you like least about working with him/her? _____

What would you like to accomplish through your fitness program with me?

Aside from technical knowledge and personal attention, what type of motivation do you require and expect from a trainer?

What can we do together to make your exercise program more enjoyable?

Do you own any exercise equipment or accessories? (*Please list*):

Do you have access to a fitness facility (i.e. neighborhood, apartment complex, work, etc.) Yes No

What are your current leisure activities?

Please rate your exercise level on a scale of 1 – 5 (5 being very strenuous) for each age range throughout your life up through your present age range:
_____ 13 – 20 _____ 21 – 30 _____ 31-40 _____ 41-50 _____ 50+

Were you (or are you) a high school or college athlete? If yes, please specify:

Do you have negative feelings toward, or have you ever had a bad experience with, a physical activity program? If yes, please explain:

Rate yourself on a scale of 1 - 5 (1 being the lowest value). Check the box number that best applies:

Characterize your present overall athletic ability.

1 2 3 4 5

Characterize your present cardiovascular (aerobic) activity.

1 2 3 4 5

Characterize your present muscular capacity (strength).

1 2 3 4 5

Characterize your present flexibility capacity.

1 2 3 4 5

When you exercise, how important is competition?

1 2 3 4 5

Do you start exercise programs but then find yourself unable to stick with them? Yes No

If yes, please describe typical barriers:

How much time, realistically, are you willing to devote to an exercise program?

_____ minutes per day _____ days per week

Are you currently involved in regular cardiovascular exercise? Yes No

If yes, what type and how often? Type(s): _____

_____ minutes per day _____ days per week

If applicable, rate your perception of the exertion of your current exercise program:

Light Fairly Light Somewhat Hard Hard

How long have you been exercising regularly? _____ Months _____ Years

What types of exercise interest you? *Please check all that apply.*

Treadmill walking Outdoor walking Treadmill running Outdoor running
 Hiking Swimming Tennis Stationary biking
 Outdoor biking Strength training Martial arts Yoga/Pilates
 Spinning classes Step classes Cardio kickboxing Other classes
 Racquetball Swimming Stairclimber Elliptical machine
 Other _____

Have you been on any weight-loss programs/diets? Yes No *Check all that apply.*

Weight Watchers Jenny Craig Atkin's The Zone
 Nutrisystem Slim Fast South Beach Diet Body For Life
 Dr. prescribed RD prescribed Herbal supplements Diet pills
 Other _____

Please describe your results: _____

What would you most like to change about your health or the way you look?

Use the following scale to rate each goal as it relates to an exercise program:

Not at all Important					Somewhat Important						Extremely Important
1	2	3	4	5	6	7	8	9	10		
Improve cardiovascular fitness				_____						Improve flexibility	_____
Body-fat loss/weight-loss				_____						Relieve stress	_____
Reshape or tone my body				_____						Improve sport performance	_____
Build more muscle				_____						Feel better	_____
Increase strength				_____						Healthier lifestyle	_____
Increase energy level				_____						Personal enjoyment	_____
Lose pregnancy weight				_____						Gain weight	_____
Prepare for special event				_____							

Date of event: _____

Is there anything else that you think your trainer should know about you?

How did you first hear about Café Physique (CP)?

Business card Flyer/brochure Printed advertisement CP website
 Met a CP trainer Car magnet Other website Brochure/Flyer
 Referred by: _____ Other: _____

Assumption of Risk and Release for Participation in Personal Training Program

I, _____, wish to participate in the personal training program provided by Café Physique LLC. I realize that my participation in this program involves the risk of disabling injuries, including, but not limited to, heart attack, stroke, bodily injuries and even death. Notwithstanding, I hereby expressly a) assume all such risks of injury which could occur by my participation in this personal training program; and b) release Café Physique LLC and Amber A. Lewis from all liability associated with the risks of participation in this personal training program.

Should I suffer injuries or death, I, as well as my heirs, relatives, executors, administrators, agents, attorneys, insurers, and assigns, hereby acquit, release, and forever discharge Café Physique LLC and Amber A. Lewis, as well as her agents, insurers, family, and heirs, of and from all causes of action, claims, demands, and damages of any kind or character whether known or unknown during the time of my personal training program or that arrive after ending my personal training program on account of or by reason of any event causing injury or death to me during or after my personal training program, including but not limited to negligent instruction and supervision.

I have had an opportunity to ask questions and any questions I have asked have been answered to my complete satisfaction.

Client Name (Please Print) **Date**

Client Signature **Date**