Medical History Questionnaire

Name: _____ Today's Date: ___/____/____
Height: _____ Age: _____ DOB: ____/____/____ Gender: M F
Home Phone: (_____) _____ - _____
Email Address: _____ @_____
Emergency Contact: _____ Primary Phone: (_____) _____ - _____

Circle Answer

1. Has your doctor ever said you have a heart condition and you should only do physical activity as recommended by a doctor? Yes No
2. Do you feel pain in your chest when you do physical activity? Yes No
3. In the past month, have you had chest pain when you were not doing physical activity? Yes No
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes No
5. Do you have bone or joint problems that could be made worse by a change in physical activity? Yes No
6. Is your doctor currently prescribing drugs for your blood pressure, heart condition or diabetes? Yes No
7. Do you know of any other reason why you should not do physical activity? Yes No
8. Are you a MALE age 45 or older or a FEMALE age 55 or older? Yes No
9. Do you or have you smoked within the past 6 months? Yes No
10. Do you have a family history of heart disease (before age 55)? Yes No
11. Do you have a sedentary lifestyle? (inactive job, no regular exercise, etc.) Yes No

If you circled yes to one of the following, I may need your doctor's consent prior to scheduling your first training session

Please circle YES or NO if you have any of the following conditions:

Anemia:	Yes No	Diabetes:	Yes No	Orthopedic problems:	Yes No
Hypoglycemia:	Yes No	Pregnant:	Yes No	Chronic Fatigue:	Yes No
Asthma:	Yes No	Back problems:	Yes No	Arthritis:	Yes No

Body region of arthritis or orthopedic problems: _____
Any other medical conditions or physical limitations: _____
Medications (prescription or over the counter): _____

Informed Consent and Release:

I recognize that exercise is not without some risk to the musculoskeletal system (sprains and strains) and cardio respiratory system (dizziness, fainting, abnormal heartbeat, and discomfort in breathing, abnormal blood pressure response, in rare instance – heart attack or stroke). I hereby certify that I know of no medical problem (except those listed on this questionnaire) that would increase my risk of illness or injury as a result of participation in a regular exercise program. I hereby release Trinity Perkins of Train With Trin from any and all responsibilities or liabilities to me for injuries that might be sustained while doing any of the exercises or utilizing any exercise equipment.

Signature of Client: _____ Date: _____/_____/____