

INMOTION PERSONAL TRAINING QUESTIONNAIRE

This is your medical history form, to be completed prior to your first training session. All information will be kept confidential. This information will be used for the evaluation of your health and readiness to begin our exercise program. The form is extensive, but please try to make it as accurate and complete as possible. Please take your time and complete it carefully and thoroughly, and then review it to be certain you have not left anything out. Your answers will help us design a comprehensive program that meets your individual needs.

If you have questions or concerns, we will help you with those after this form is completed. We realize that some parts of the form will be unclear to you. Do your best to complete the form. Your questions will be thoroughly addressed afterwards. It might be helpful for you to keep a written list of questions or concerns as you complete the medical history form.

Name: _____

Date: _____

Email: _____

General Information

Participant:

Name _____

Address _____

Contact phone numbers _____

Birth date _____

☐ Male ☐ Female

Family Physician and/or Primary Health Care Provider:

Doctor/Other _____ Phone _____

Address _____ City _____

May I send a copy of your consultation to your physician or primary health care provider and consult with them as necessary?

☐ Yes ☐ No

Signature: _____

Medical History

Please answer the following completely.

List any prescription medications you are now taking: _____

List any self-prescribed medications, dietary supplements, or vitamins you are now taking:

Date of last complete physical examination: _____

☐ Normal ☐ Abnormal ☐ Never ☐ Can't remember

List any medical/diagnostic tests or surgeries you have had, including dates:

List any other hospitalizations, including dates of and reasons for hospitalization:

Have you recently experienced a reoccurring issue with the following (if so, list when):

- ☐ Increased anxiety or depression?
- ☐ Problems with fatigue, trouble sleeping or increased irritability?
- ☐ Migraine or headaches?
- ☐ Swollen or painful knees or ankles?
- ☐ Swollen, stiff or painful joints?
- ☐ Pain in your legs after walking short distances?
- ☐ Foot problems?
- ☐ Back problems?
- ☐ Stomach/intestinal problems, such as heartburn, ulcers, constipation or diarrhea?
- ☐ An infection such as pneumonia accompanied by a fever?
- ☐ Significant unexplained weight loss/gain?
- ☐ Blood clot?
- ☐ A hernia?
- ☐ Persistent pain or problems walking after you have fallen?

Other issues that may apply to exercise: _____

Check those questions to which your answer is yes (leave others blank).

- ☐ Heart attack - if so, how many years ago? _____
- ☐ Cancer - if so, how many years ago? _____
- ☐ Stroke - if so, how many years ago? _____
- ☐ Depression or Anxiety - if so, currently? _____
- ☐ Nervous or emotional problems - if so, currently? _____
- ☐ Rheumatic Fever
- ☐ Heart murmur
- ☐ Diseases of the arteries
- ☐ Varicose veins
- ☐ Arthritis
- ☐ Tendonitis
- ☐ Diabetes or abnormal blood-sugar tests
- ☐ Phlebitis (inflammation of a vein)
- ☐ Dizziness or fainting spells
- ☐ Epilepsy or seizures
- ☐ Diphtheria
- ☐ Scarlet Fever
- ☐ Infectious mononucleosis
- ☐ Anemia
- ☐ Thyroid problems
- ☐ Pneumonia
- ☐ Bronchitis
- ☐ Asthma
- ☐ Abnormal chest X-ray
- ☐ Other lung disease
- ☐ Jaundice or gall bladder problems
- ☐ Injuries to back, arms, legs or joint / Broken bones

Mention any pain or current injuries that may get in the way of certain exercises.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Other Heart Disease Risk Factors

Smoking

Do you smoke?

- ☐ Yes ☐ No ☐ I Used To, how long & until when? _____

Diet

What do you consider a good weight for yourself? _____

What is the most you have ever weighed? _____

How old were you? _____

My current weight is: _____

One year ago my weight was: _____

At age 21 my weight was: _____

Number of meals you usually eat per day: _____ If not consistent, why? _____

Food Intake

Red Meat

- ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Daily

Fish

- ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Daily

Bread//Rice

- ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Daily

Fried Foods

- ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Daily

Desserts/Pastries/Candy

- ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Daily

Beverage Intake (per day)

Glasses of Water _____

Coffee/Caffeinated Beverages _____

Sodas/Carbonated Drinks _____

Dairy-Based Drinks _____

How often do you drink alcoholic beverages?

- ☐ None ☐ Occasional ☐ Often ☐ Daily, _____ per day

Goals... Your Wants, Needs, and Musts

What is (are) your purpose (s) for participation in this Fitness Program?

- ☐ To determine my current level of physical fitness and to receive recommendations for an exercise program.

Top Priority Goal(s) : _____

Other Goals : _____

SMART goals? (Specific, Measurable, Action-Based, Realistic, Time-Bound)

S.M.A.R.T. Goal #1 : _____

S.M.A.R.T. Goal #2 : _____

S.M.A.R.T. Goal #3 : _____

Outside of this program, do you have any other habits changes or goals you'd like to accomplish for a healthier and happier lifestyle?

1) _____

2) _____

3) _____

I, _____, agree to not only stay consistent and push myself throughout each session, but also to uphold the above lifestyle changes I know will benefit me greatly. I am also acknowledging that training with InMotion Personal Training is an investment in myself and not an expense, and although it will require my best effort, will be well-worth my energy, time, and money.

Liability Waiver Terms & Conditions

I also recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this program. I agree to fully disclose all medical conditions that would effect my participation in the program. I agree to assume full responsibility for any risks, injuries or damage know or unknown which I might incur as a result of training with InMotion Personal Training. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, joint injuries, back injuries, foot injuries, or any other illness or soreness, including death.

I knowingly, voluntarily and expressly waive any claim I may have against InMotion Personal Training for injury or damages that I may sustain as a result of participation. I, my heirs, or my representatives, forever release waive, discharge and covenant not to sue InMotion Personal Training or its employees for any injury or death caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature: _____ Date: ____/____/____

Print Name: _____

