

Medical Form

The information obtained during this fitness evaluation will be treated as confidential and will not be released or revealed to anyone without your consent. Your right to privacy is our main concern.

Personal Information (please write clearly)

NameAgeDOB.....

Address.....

.....Post Code.....

Phone (H) Phone (W).....

Phone (M)..... Occupation.....

Email.....

Emergency contact name and number (Compulsory).....

T-shirt size (nb in winter you may like to wear something warm underneath)

General Medical Questions (please circle and elaborate where necessary)

Have you had or do you have:

- High blood pressure • High cholesterol • Heart/stroke condition(s) • Pain or other tightness in the chest • Rheumatic fever • Gout Stomach/duodenal ulcer • Liver/kidney condition • Diabetes • Epilepsy?

Are you are pregnant or have you given birth in the last eight weeks?.....

Do you experience or have you experienced:

• Family history of heart disease, stroke or raised cholesterol of relative under the age of 65?

• Any major surgery Hernia Arthritis Asthma or breathing difficulties Back pain Muscular pain • cramps?

Please list any injuries

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Do you smoke? Yes • No If so how many a day?

Are there any other conditions that may limit your activity program?

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Medical and Medication

When was the last time you had a medical check up?

Name of your regular doctor Phone

Are you currently taking any medication? Yes • No

If so, what are you taking?.....

What is the medication for?

Exercise History (please circle and elaborate where necessary)

How would you describe your occupation? Sedentary • Moderately • Active

Do you engage in any regular exercise or sport? Yes • No

If yes, please specify

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Have you ever participated in a gym-based program before? Yes • No

If yes, what was the nature of the program? eg cardiovascular, weights program

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Diet

Do you drink alcoholic regularly? Yes • No If yes, how often? How much?

How many meals a day do you eat and how often?.....

Goals (please circle and elaborate as appropriate - can circle more than one)

What are your goals? Body fat reduction • Muscular strength • Muscular definition •
Bodybuilding • Cardiovascular fitness • General wellbeing • Increased flexibility
What is your long-term goal (approximately 12 months)?

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What is your short-term goal (4 weeks)?

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What do you see as hindrances to you maintaining an exercise program?

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.....

What do you see as motivating factors that will assist you in maintaining your fitness
program?.....

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Are you interested in having a Lifestyle health assessment? Yes • No • More info

Where did you hear about us?.....

.....

Please print name above

.....

Please sign above

Date.....