

THE  
**NATATORIUM**  
COMMUNITY • WELLNESS • RECREATION  
CITY OF CUYAHOGA FALLS

**Front Desk Use**

Payment made by:

\_\_\_ Cash \_\_\_ Check \_\_\_ Credit Card

**Payment in full is required with  
form submission.**

**24 hour** notice of cancellation is  
required to avoid a charge.

**PERSONAL TRAINING HEALTH QUESTIONNAIRE**

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
(PLEASE PRINT)

GENDER ( ) MALE ( ) FEMALE AGE: \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

I PREFER: MALE TRAINER \_\_\_\_\_ FEMALE TRAINER \_\_\_\_\_ NO PREFERENCE \_\_\_\_\_

BEST TIME FOR ME TO WORK OUT. \_\_\_\_\_

HAS A DOCTOR EVER ADVISED YOU NOT TO EXERCISE? YES NO

DO YOU HAVE ANY CONDITIONS (INCLUDING JOINT ISSUES) THAT REQUIRE MEDICAL CARE, OR LIMIT YOUR FULL PARTICIPATION IN AN EXERCISE YES NO

HAS ANY MEMBER OF YOUR IMMEDIATE FAMILY EVER BEEN DIAGNOSED ANY TYPE OF HEART DISEASE BEFORE THE AGE OF 50? YES NO  
IF YES, WHEN/WHAT TYPE OF TREATMENT \_\_\_\_\_

DO YOU HAVE ANY HISTORY OF HEART RELATED TROUBLE? YES NO  
WHEN/WHAT DIAGNOSIS \_\_\_\_\_

HAVE YOU EVER BEEN DIAGNOSED WITH HIGH BLOOD PRESSURE? YES NO  
PRESSURE OVER 140/90)  
WAS IT TREATED? IF SO HOW \_\_\_\_\_

DO YOU CURRENTLY USE ANY TOBACCO PRODUCTS REGULARLY? YES NO  
HOW MUCH? \_\_\_\_\_ IS QUITTING AN INTEREST? \_\_\_\_\_

**ACTIVITY INTERESTS CHECK AS MANY AS YOU LIKE**

\_\_\_ WALKING \_\_\_ JOGGING \_\_\_ BICYCLING \_\_\_ SWIMMING \_\_\_ RACQUETBALL  
\_\_\_ WEIGHT TRAINING \_\_\_ INSTRUCTOR LED FITNESS CLASSES \_\_\_ FITNESS CIRCUIT  
OTHER \_\_\_\_\_

**CURRENT ACTIVITY LEVEL**

\_\_\_ VERY LITTLE ACTIVITY \_\_\_ LITTLE ACTIVITY (1-2 HR/WK)  
\_\_\_ MODERATE (2-4 HR/WK) \_\_\_ ACTIVE (GREATER THAN 4 HR/WK)

**FITNESS GOALS**

\_\_\_ LOSE WEIGHT \_\_\_ LOSE INCHES \_\_\_ TONE MUSCLES \_\_\_ INCREASE FLEXIBILITY  
\_\_\_ GAIN WEIGHT \_\_\_ UPPER BODY STRENGTH \_\_\_ LOWER BODY STRENGTH  
\_\_\_ INCREASE AEROBIC CAPACITY \_\_\_ FUNCTIONAL FITNESS/BALANCE  
OTHER \_\_\_\_\_

**STRESS LEVELS (RANK YOUR STRESS LEVELS, CIRCLE 1 = LOW 5 = HIGH))**

HOME: 1 2 3 4 5  
WORK: 1 2 3 4 5

**TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PREFERRED PHONE \_\_\_\_/\_\_\_\_/\_\_\_\_ ACCEPT TEXT? YES \_\_\_ NO \_\_\_

EMAIL ADDRESS \_\_\_\_\_@\_\_\_\_\_

**A trainer will contact you.**