

THE NATATORIUM
 COMMUNITY • WELLNESS • RECREATION
 CITY OF CUYAHOGA FALLS

PERSONAL TRAINING HEALTH QUESTIONNAIRE

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.

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.