KIRK EMRY
FITNESS

HEALTH/MEDICAL QUESTIONNAIRE

Client's Name _____ Date _____

Street Address _____ City _____ State _____ Zip _____

( ) Cell _____ ( ) Alternate Phone _____ Email _____

Emergency Contact Name _____ Relationship _____

( ) Emergency Contact Cell _____ ( ) Emergency Contact Alternate Phone _____

Personal Physician Name _____ ( ) Personal Physician Phone _____ ( ) Personal Physician Fax _____

PRESENT/PAST HISTORY

Have you had OR do you presently have any of the following conditions? (Please check all that apply.)

- ❑ Rheumatic fever
- ❑ Recent operation
- ❑ Edema (swelling of ankles)
- ❑ High blood pressure
- ❑ Low blood pressure
- ❑ Injury to back
- ❑ Injury to knees
- ❑ Seizures
- ❑ Lung disease
- ❑ Heart attack
- ❑ Fainting or dizziness
- ❑ Diabetes
- ❑ High cholesterol
- ❑ Orthopnea (the need to sit up to breath comfortably) or paroxysmal (sudden, unexpected attack) nocturnal dyspnea (shortness of breath at night)
- ❑ Shortness of breath at rest or with mild exertion
- ❑ Chest pains
- ❑ Palpitations or tachycardia (unusually strong or rapid heartbeat)
- ❑ Intermittent claudication (calf cramping)
- ❑ Pain, discomfort in the chest, neck, jaw, arms or other areas
- ❑ Known heart murmur
- ❑ Unusual fatigue or shortness of breath with usual activities
- ❑ Temporary loss of visual acuity or speech, or short-term numbness or weakness in one side, arm or leg of your body
- ❑ Other (please explain):

_____

_____

_____

_____

FAMILY HISTORY

Have any of your first-degree relatives (parent, sibling or child) experienced the following conditions? (Please check all that apply.)

- ❑ Heart attack
- ❑ Heart operation
- ❑ Congenital heart disease
- ❑ High blood pressure
- ❑ High cholesterol
- ❑ Diabetes
- ❑ Other (please explain):

_____
_____
_____
_____

Please explain all checked items:

_____
_____
_____

ACTIVITY HISTORY

1. How were you referred to Kirk Emry Fitness?

   - ❑ Friend/Acquaintance/Colleague (if you are comfortable, please provide name):

     _____

   - ❑ Institution/Organization (e.g., gym, workplace, social club) (if you are comfortable, please provide name):

     _____

   - ❑ Online social media (e.g., Facebook, Twitter, G+)
   - ❑ Web search (e.g., Google, Yahoo!, Bing)
   - ❑ Advertisement (e.g., newspaper, magazine)
   - ❑ Other (please specify):

     _____

2. Why are you enrolling in this program? (Please be specific.)

   _____
   _____
   _____
   _____

3. Please list in order of priority your personal health and fitness objectives.
   Priority 1: _____
   Priority 2: _____
   Priority 3: _____
   Priority 4: _____
   Priority 5: _____

4. Are you presently employed? Yes ❑ No ❑

   a. If yes, please provide your employer name and your position title:

   _____ _____
   Employer's Name Your Title

5. Have you worked with a personal trainer before? Yes ❑ No ❑

6. Date of your last physical examination performed by a physician: _____

7. Do you participate in a regular exercise program at this time? Yes ❑ No ❑

   a. If yes, please describe briefly:
   _____
   _____

8. Can you presently walk four miles briskly without fatigue? Yes ❑ No ❑

9. Have you ever performed resistance training in the past? Yes ❑ No ❑

10. Do you have injuries (bone or muscle) that may interfere with exercising? Yes ❑ No ❑

    a. If yes, please describe briefly:
    _____
    _____

11. Do you smoke? Yes ❑ No ❑

    a. If yes, how much per day and at what age did you start?

    _____ _____
    How Much per Day Age Started

12. What is your present body weight? ____ What was it one year ago? ____ At age 21? ____

13. Do you follow or have you recently followed any specific dietary intake plan, and in general how do you feel about your nutritional habits?

    _____

    _____

14. Please list the medications you are currently taking.

    _____

    _____

_____ _____

Client's Signature Date

_____ _____

Trainer's Signature Date