

General Information and Health Status Questionnaire

Name: _____ Date: _____

Address: _____

City _____ State _____ Zip _____

Email Address: _____

Phone number (H) _____ (C) _____

DOB: _____

Current exercise status: Sedentary _____ Lightly Active _____ Moder.-very Active _____

Health Questions:

- Circle any who died of a heart attack before age 55:

Father Brother Son

- Circle any who died of a heart attack before age 65

Mother Sister Daughter

- Do you have (had) any of the following conditions? (Circle)

Alcoholism	Diabetes	Kidney problem	Anemia
Emphysema	Mental illness	Epilepsy	neck /back pain
Asthma	Eye problems	Obesity	Gout
Phlebitis	Bleeding traits	Arthritis	Heart problem/disease
Stroke	Cancer	High Blood Pressure	Thyroid problems
Cirrhosis (liver)	Concussion	Hyperlipidemia	Mononucleosis

Other _____

Explanations _____

- Do you ever experience any of the following health symptoms either in general or during exercise?

Coughing up blood	swollen joints
Abdominal pain	feel faint
Low back pain	dizziness
Leg pain	breathless with slight exertion
Arm or shoulder pain	palpitation or fast heart beat
Chest pain	unusual fatigue with normal activity

- Do you smoke? _____

If yes, how much _____ per week

- Do you exercise regularly: _____
- How many days of the week do you accumulate 30 minutes of moderate activity? ____

Please list any injuries prior or current

Please list any surgeries/operations and date

Please list all current medications you are on

Personal goals:

Short term:

Long Term:

Please list exercise modalities you enjoy

Readiness to start

Other concerns or questions:

Cancellation policy: Personally Trained By Sophie's cancellation policy states that the session must be cancelled by 10pm the night prior in order to not be charged for the session. No shows and late cancels will be charged the entire amount for the missed session.

I understand there is physical risk associated with exercise and am healthy enough for moderate exercise.

Name (print)

Date

Signature