

Pre-Exercise Screening Questionnaire



Outdoor Group Fitness and Personal Training

Today's Date: _____ Referred By: _____

NAME: _____ DOB: _____

ADDRESS: _____

POST CODE: _____

PHONE: _____ MOBILE: _____

SEX: _____ OCCUPATION: _____

EMERGENCY CONTACT: _____ CONTACT #: _____

EMAIL: _____

Were you referred to this program by a doctor? Y / N Doctor's Name: _____

Doctor's Phone: _____ Date last saw Doctor: _____

Are you or could you be pregnant?? Y / N If yes, how many weeks? _____

MEDICAL PROFILE

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you ever been told by a doctor that you have heart trouble? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you frequently suffer from chest pains? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you often feel faint or have dizzy spells? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been told by a doctor that you have high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your doctor ever told you that you suffer from joint or bone problems,(e.g. Arthritis)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any of the following conditions: | | |
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| Back Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Muscle Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you take any prescription Medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If you have yes to any of the above medical questions, or have any other injuries/concerns regarding your exercise program, please provide details: _____ | | |
| 9. Smoker? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> QUIT If YES, How many per day? _____ | | |
| 10. Is there any thing else regarding your medical condition or anything you need to tell me? _____ | | |

FOR QUESTIONS, PLEASE EMAIL SIMONE@ENERGYFITNESSGYMEA.COM.AU OR CALL

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PERSONAL OBJECTIVES

Weight Loss Goal (Please indicate how many KG) 1-3 _____

Fat Loss _____

Improve Muscle Tone _____

Improve Cardiovascular Fitness _____

Improve Flexibility _____

Stress Relief _____

Other _____

PERSONAL GOALS

4-10 _____

10+ _____

Do you currently engage in exercise? Y / N If Yes, how many sessions per week? 1-3 3-5 >5

How long on average are these sessions? <30mins >30mins >1 hour

What activities (if any) do you currently engage in? (please tick appropriate boxes) Walking Running

Swimming Cycling Aerobics Weights Circuit/Boxing Other

Brief description _____

List any activities you would like to try _____

On a scale of 1-10, how hard do you like to train, 1 being not hard at all and 10 being very hard? _____

INDEMNITY

I hereby agree that Energy Fitness, it's owners and any nominated employees shall not be liable for any loss, damage or personal injury suffered by me, whether directly or indirectly arising out of any act or omission by Energy Fitness, it's owners or employees. I am aware of the possible health and safety risks associated with participating in physical exercise and consent to any reasonable exercise which may be from time to time strenuous. I have made Energy Fitness, its owners and employees aware of any relevant medical or health problems that I am currently or likely to suffer from and have obtained clearance from a registered medical practitioner to participate in physical exercise (applies to males over 35 and females over 45). I acknowledge sole responsibility for any personal equipment. I consent to receive medical treatment, which may be deemed necessary in the event of injury, accident or illness. (signed consent of a legal guardian must be obtained if you are under 18 years of age).

This information is for the sole use of Energy Fitness and will not be provided to any other source for any use other than that of Energy Fitness training services. Energy Fitness is bound by the National Privacy Principles as set out in the Privacy Act 1988.

Signed: _____

Date: ____/____/____

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