**PRE-EXERCISE QUESTIONNAIRE**

| First Name | Surname | | |
| --- | --- | --- | --- |
| Address | | | Postcode |
| Email | | Date Of Birth | |
| Mobile Tel | Home Tel | | |
| Next Of Kin Name | Next Of Kin Tel | | |

1. Do you have any heart problems? Y / N
2. Does anyone in your immediate family (Parent, Sibling) have a history of heart disease? Y / N
3. Do you suffer from: Diabetes Y / N Asthma Y / N

Arthritis Y / N Epilepsy Y / N

High/Low Blood Pressure Y / N Osteoporosis Y / N

Any other injury …………………..……………………………………………...

1. In the last 6 months have you had: An Operation Y / N

A Baby Y / N

An illness Y / N

1. Are you on any medication? Y / N If it affects working out please give details : ………………………….
2. Do you smoke ? Y / N How many a day ? ……….
3. Are you or might you be pregnant? Y / N
4. What exercise do you take now, how much and what form?.....................................................................
5. Is there anything else an instructor should be aware of prior to exercise? …………………………………

**All details will be treated in the strictest confidence..**

Please tick to confirm you are happy for our instructors to use this information to 

ensure your health and wellbeing while working out.

Date .........................................................

Clients Signature ....................................... Trainer Signature ..............................................