

YMCA Personal Training Questionnaire

Name: _____ Date: _____

Telephone: _____ Date of Birth: _____ Age: _____

Height: _____ Weight: _____ In Case of Emergency Contact: _____

Relationship: _____ Address: _____ Phone: _____

Physician: _____ Phone: _____

Are you currently under a doctor's care: Yes / No If yes, explain: _____

When was the last time you had a physical examination? _____

Have you ever had an exercise stress test: Yes / No / Don't Know If yes, were the results: Normal / Abnormal

Do you take any medications on a regular basis? Yes / No If yes, please list medications and reasons for taking:

Have you been recently hospitalized? Yes / No If yes, explain: _____

- Do you drink alcohol more than three times/week? Yes / No
- Are you moderately active on most days of the week? Yes / No
- Irregular heartbeat or palpitations? Yes / No
- Light headache or do you faint? Yes / No
- Unusual shortness of breath? Yes / No
- Cramping pains in legs or feet? Yes / No
- Other metabolic disorders (thyroid, kidney, etc.)? Yes / No
- Back pain, upper, middle, lower? Yes / No
- Other joint pain? Yes / No
- Muscle pain or an injury? Yes / No
- Do you smoke? Yes / No
- Are you pregnant? Yes / No
- Is your stress level high? Yes / No
- High cholesterol? Yes / No
- Known heart disease? Yes / No
- Rheumatic heart disease? Yes / No
- A heart murmur? Yes / No
- chest pain with exertion? Yes / No
- Emphysema? Yes / No
- Epilepsy? Yes / No
- Asthma? Yes / No

To the best of my knowledge, the above information is true

Print Name: _____ Sign Name _____

Date: _____

What time works best for you?

Weekday Am Weekday Pm Weekend Am Weekend Pm

What is your goal for hiring a personal trainer?

- lose (__)lb in (__) weeks?
- Gain (__)lb in (__) weeks?
- Improve 5k run time by (__) minutes in (__) weeks?

How often would you like to meet with your personal trainer? 2x a week 3x a week