



Pre Exercise Questionnaire

Name: _____ Your Birthday: _____

Address: _____

Preferred phone contact: (i) _____ (ii) _____

Person to be contacted in case of accident: _____

Preferred phone contact: (i) _____ (ii) _____

Email: _____

Your Fitness Goals and Aims:

Which of the above is MOST important to you?

If you continue on with your current lifestyle will you achieve this goal? _____

What have you decided to do to achieve this goal?

What do you want me as your personal trainer to do, to help you achieve your goal?

Do you have any conditions I should know about? Yes/No

Joint injuries: Ankles Knees Hips Back Shoulders Neck Elbows Wrists

Others: _____

Medical Conditions: High Blood Pressure High Cholesterol Dizziness Chest Pain

Heart Problems Asthma Diabetes Epilepsy Arthritis Osteoporosis

Others/Details: _____

Do you take any regular medication? _____

When was your last doctors visit, how often do you go? _____

Are you or have you recently been pregnant? _____

Activities you love: _____

Activities you dislike: _____

Describe your current Exercise Characteristics: Place a tick in each appropriate box

1. I am self motivated ()
2. I find exercise easier with a partner ()
3. I find exercise easier with regular help ()
4. I have a problem with staying motivated ()
5. I need constant motivation ()

Do you have any medical conditions that may prevent you from exercising? Yes / No / Unsure

Description: _____

If yes or you are unsure we recommend that you consult with your doctor before you start any exercise program.

How did you hear about us?

A friend () Reputation () A pamphlet () Website () Other ()

Please inform your trainer of any medical conditions that may prevent you from exercising. Please be aware that your trainer will do everything to ensure that your exercise program is safe and effective, however, you are choosing to exercise at your own risk. I understand that the trainer is not liable for any injury or misadventure that may occur as a result of my participation in exercise/fitness sessions.

Client Signature: _____

Trainer Signature: _____

Date: _____

Congratulations for choosing to exercise with Coastal Cures Fitness and Personal Training!!

We are looking forward to helping you achieve your health and fitness goals.

Have a great day!!