

Fitness 4 All Pre Exercise Questionnaire

Name:..... D.O.B: / /

1st Emergency contact name:

Number: Relationship to you:

Do you currently have, or have you previously had any of the following conditions or symptoms?

Heart attack	Y N	Stroke	Y N
Vascular disease	Y N	Heart failure	Y N
Chest pain	Y N	Dizziness or fainting spells	Y N
Heart murmur/Irregular beats	Y N	Diabetes	Y N
Asthma	Y N	Are you a smoker?	Y N
Heart surgery/Angioplasty	Y N	Pacemaker/Defibrillator	Y N
Liver/Kidney/Lung/Thyroid disease	Y N	Osteoporosis	Y N
High or low blood pressure	Y N	Arthritis	Y N
Low back pain	Y N	Swelling in feet/ankles	Y N
Shortness of breath	Y N	Pain in calves/lower legs	Y N

Have you ever had any injuries or surgery? Please provide details:

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Are you or do you have reason to believe you might currently be pregnant? Y N

Has anyone in your immediate family had a heart attack or stroke before the age of 65? Y N

Is there any other physical or medical condition we should know about? Y N

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What are your reasons for joining Fitness 4 All?.....

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What barriers do you think you might encounter in achieving these goals?.....

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Are you currently doing any form of exercise? If so what and how much?

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I confirm that all of the above information is true. Signature:.....