

## Pre-Screening Questionnaire

CONTACT INFORMATION		
Name: _____	Birth Date: _____	Age: _____
Address: _____	City: _____	Zip: _____
Email: _____		
Home Phone: _____	Cell Phone: _____	

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

HEALTH INFORMATION			
Have you ever had any form of heart disease?	Yes / No		
Have you ever experienced shortness of breath or chest pains?	Yes / No		
Date of last full physical:			
Are you pregnant?	Yes / No		
Do you have or do any of the following pertain to your health? If yes please explain.			
High Blood Pressure?	Yes / No	Levels:	
Cigarette Smoking?	Yes / No		
Diabetes?	Yes / No	Types:	
Family History of Heart Disease?	Yes / No	Who/Age:	
Do you work out at least three times per week?	Yes / No		
Are you currently taking any medication?	Yes / No	Explain:	
Do you have problems in the following areas?			
Knees	Yes / No	Explain:	
Lower Back	Yes / No	Explain:	
Neck/Shoulders	Yes / No	Explain:	
Hip/Pelvis	Yes / No	Explain:	
Any Other	Yes / No	Explain:	
Is there any reason you know of that you should not participate in exercise?	Yes / No	Explain:	

## Pre-Screening Questionnaire

Describe your athletic/fitness background:

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What, if any, lifts are you familiar with?

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Briefly describe your current physical condition.

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Briefly describe your training goals.

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Is there anything else you want us to know about you?

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