

Hancock County Memorial Hospital Personal Training Questionnaire



Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Age: _____

Occupation: _____

Describe your goals as they pertain to working with a trainer:

Are you currently exercising? List Type of Activity, Days/Week, and Minutes/Day:

How long have you been exercising regularly? _____

Do you know the following information?

Total Cholesterol _____ HDL _____ Blood Pressure _____

Do you have any significant medical concerns that would impact your ability to exercise?

Cardiovascular Disease? _____

Stroke? _____

Diabetes? _____

Hypertension? _____

Do you smoke? _____ If so, how long? _____

Who is your physician? _____ Date of last physical? _____

Muscular skeletal issues:

Feet/Ankle _____

Knees _____

Hips _____

Back/Spine _____

Shoulders _____

Elbows/Wrist _____

Are you currently taking any medications?

Have you recently been injured or undergone surgery? _____

List days of the week that are most convenient for you to meet with a trainer and times of the day:

What goals would you like to meet during the next month?

What goals would you like to meet during the next 3-6 months?

What goals would you like to meet during the next 6-12 months?

Do you need recommendations regarding the individualized personal training services that are right for you? Yes No

Is there anything else your trainer might need to know about you or your training circumstances in order to create an effective program for you?