



Iron Trainer Personal Training Health History Form

Name: _____ Date: _____

Address: _____ DOB: _____

2: _____ AGE: _____

Phone: _____ Sex: Male: _____ Female: _____

Cell: _____

Email: _____

Emerg contact: _____ Relation: _____

Emerg Phone: _____

Describe present exercise: _____

Time commitment to train: days per week _____

Time per day _____ months _____

Do you now or have you had in the past?	YES	NO
1.) Heart problems chest pain or stroke	_____	_____
2.) Increased blood pressure	_____	_____
3.) Any chronic illness or condition	_____	_____
4.) Difficulty with physical exercise	_____	_____
5.) Recent surgery last 12 months	_____	_____
6.) Pregnancy now or past 6 months (female)	_____	_____
7.) Breathing or lung problems	_____	_____
8.) Muscle joint or back disorders	_____	_____
9.) Any pain or discomfort not diagnosed as injury	_____	_____
10.) Diabetes or thyroid condition	_____	_____
11.) History of heart trouble in family	_____	_____

- 12.) Hernia now or in the past _____
- 13.) Cigarette smoking habit _____
- 14.) Alcohol consumption more than 3 drinks per week _____
- 15.) Back condition (herniated or ruptured disc) _____
- 16.) Heart attack _____
- 17.) Coronary bi pass or angioplasty _____
- 18.) Have you ever been hospitalized _____
- 19.) Knee problems _____
- 20.) Shoulder problems _____
- 21.) Arthritis Rheumatism _____
- 22.) Impaired circulation _____
- 23.) High blood cholesterol _____

Comments regarding yes to answers above or anything signifigant to your present health: _____

Are you currently on any medications or drugs: _____

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I CERTIFY TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT AND COMPLETE. I ALSO UNDERSTAND THAT, " DON NIAM" ASSUMES NO RESPONSIBILITY FOR ANY ILLNESS, ACCIDENT OR INJURY I MAY INCUR FROM THE USE OF THE PROGRAMS, SERVICES OR FACILITIES. ALL INDIVIDUALS ARE STRONGLY ENCOURAGED TO CONSULT WITH A PHYSICIAN BEFORE ENTERING A NON-MEDICALLY SUPERVISED EXERCISE PROGRAM:

I AGREE: _____

I DO NOT AGREE: _____

CLIENT SIGNATURE: _____ DATE: _____

TRAINER SIGNATURE: _____ DATE: _____