

# Health Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: Male  Female   
Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

## Emergency Contact

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Fitness Goal

Fitness goal: \_\_\_\_\_  
\_\_\_\_\_  
Goal date: \_\_\_\_\_

## Physical Readiness Questionnaire (PAR-Q)

	Yes	No
Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have chest pain brought on by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tend to lose consciousness or fall over as a result of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever recommended medication for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware through your own experiences or a doctor's advice of any other physical reason against your exercising without medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>
Are you over the age of 65 and not accustomed to vigorous exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you consulted your physician regarding increasing your physical activity and/or performing a fitness assessment?	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Sport & Injury History

What sports or activities have you participated in? \_\_\_\_\_

Which sport or activity was your favorite? \_\_\_\_\_

Any serious injuries/ illnesses/ hospitalizations? \_\_\_\_\_

Any therapies, helpers, healers with which you are involved? \_\_\_\_\_

### Work & Sleep

How many hours a week do you work? \_\_\_\_\_

How many hours of sleep do you sleep a night? \_\_\_\_\_

Do you sleep well?    Yes     No     Sometimes

### Nutrition

What percentage of your meals are home cooked? \_\_\_\_\_

Do you cook?    Yes     No     Sometimes

Where do you get the rest of your meals from? \_\_\_\_\_

### Support Team

Will family and friends be supportive of your goals and changes?    Yes     No

List two people who are a part of your support team:

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

### Supplements & Medications

Do you take any supplements or medications? Please list

## Informed Consent

I, \_\_\_\_\_, fully understand and agree the personal training and/or group exercise program may be strenuous. I choose to participate and accept all responsibility for my health and any resultant injury or mishap that may affect my well being or health in any way.

I understand that I am not obligated to perform nor participate in any activity I do not wish to do. It is my right to refuse and/or participate any time during my training session. I understand if I should feel I am not able to perform any activities and or feel any and not limited to; lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I will immediately stop the activity and inform my personal trainer or group instructor of my condition. I have verified David Sabi and all SabiFit personal trainers are certified in First Aid and CPR. In an event during the exercise program I am unable to care for myself or become incapacitated, its implied David Sabi and staff have my permission to seek or perform emergency medical services on and for me. I accept full responsibility for any expenses incurred.

By signing this document, I assume all risk, liability and responsibility for my health and well-being. I hold harmless of any responsibility to the trainer, group instructor, or any persons involved with this program and testing procedures. I understand questions regarding exercise techniques, procedures and recommendations are encourage and welcomed.

Scheduled Training Sessions / No Shows: The extent I participate in exercise and other activities is my decision alone. If I fail to attend a scheduled training session or is more than thirty minutes late for that session, I understand that I lose the right to not be credited with an additional session. I must cancel any scheduled training session at least 24 Hours in advance.

Late or Returned Item Charges: A \$30.00 fee will be charged for any returned checks resulting from insufficient funds, account closed, or similar circumstances.

Note: You must notify your personal trainer of any changes in your health status or medical condition.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any comments or questions, please email David Sabi at [dsabi@sabifit.com](mailto:dsabi@sabifit.com).