



Personal Training Health Screen Questionnaire



Name:

Nickname if any as:.....

Date of Birth:...../...../..... Age:

Gender: Female / Male *(Please circle)*

Occupation:.....

Home Address:

.....
.....
.....

Postcode:

.....

Contact Details

Telephone:

Home:

Mobile:
(this will be very useful if I need to cancel a class at short notice)

Work:

Email address: *(The majority of communication will be done via email)*

Home:@.....

Work (optional):@.....

How would you prefer to be contacted?

All personal details will remain confidential and only be used to contact you.

Guidelines for filling in the Health Questionnaire:

- Please circle your answer for each of the questions and give a description if you feel your answer needs expanding.
- Fill in as much information as you can remember – if I require more information, we will ask you to obtain it from your GP or Allied Health Professional.
- Sensitive information does not have to be disclosed, but you must state if you think a condition will interfere with carrying out an exercise programme.

Please state all medication you are currently taking and dosage:

Drug	Dosage	Side-effects

YES/NO Do you have any allergies or known intolerances (i.e. gluten/lactose)?

.....
.....
.....

History & Physical Condition Information

Please CIRCLE the appropriate YES or NO (give details if appropriate)

General Health

YES/NO Is your General Health good?.....
.....
.....

YES/NO Do you smoke? How many/day:

YES/NO Do you have a metal implant or pacemaker in your body?

.....

YES/NO Do you have any loss/transplant/impairment of any organ?

.....

List all surgical procedures you have undergone and when:

.....
.....
.....
.....

Yes/NO Are you a diabetic? Please state how long you have been diabetic and if you are Type 1 or 2. List all medication you are taking for your condition:

.....
.....

YES/NO Are you currently suffering from any illness?

.....
.....

YES/NO Have you experienced any substantial weight loss/gain in the past 5 years not associated with nutritional change?

.....
.....

YES/NO Do you have any night pain?.....

YES/NO Are you Asthmatic?.....

YES/NO Do you suffer from Rheumatoid Arthritis?.....

YES/NO Have you ever suffered from a thrombosis or embolism?.....

.....

YES/NO Do you suffer from Epilepsy?.....

YES/NO Are you Pregnant?.....

YES/NO Have you recently given birth?.....

YES/NO Do you have any known metal work in your body?.....

YES/NO Have you ever taken Steroids?.....

YES/NO Have you ever taken any anticoagulants?.....

YES/NO Are you taking the Oestrogen Pill?.....

YES/NO Have you ever had a reaction to prescribed Drugs?.....

.....

YES/NO Do you have Low/High blood pressure?.....

YES/NO Have you ever suffered from a Stroke?.....

YES/NO Do you suffer from varicose veins?.....

YES/NO Do you suffer from Parkinson's disease or MS?.....

Musculoskeletal

YES/NO Have you ever suffered a sprain?.....

.....

YES/NO Have you ever fractured a bone?.....

.....

YES/NO Have you ever suffered from bruising/swelling for no apparent reason?

.....

YES/NO Do you have any noticeable muscle weaknesses, numbness or tingling?

.....

.....

YES/NO Are you currently suffering from an injury? Please give details:

.....
.....
.....
.....
.....
.....
.....

Have you received Chiropractic, Osteopathic or Physiotherapy treatment for this injury? Please give details:

.....
.....
.....
.....

What Injuries have you suffered with in the past? (Please give details of dates, outcome, treatments and any recurrences).

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.....
.....
.....
.....

Investigations

YES/NO - Have you had any X-rays, Bone Scans, CAT scans, MRI's etc in the past year? ...

.....
.....

YES/NO - Have you been diagnosed with cancer in any area?

.....
.....

Cervical Spine (neck)

Do you suffering from any of the following: (Please √ for **Yes** and place **X** for **No**):

¹(Please see the rear for an explanation)

HRT ¹	Visual Disturbance	Hoarseness	Elevated cholesterol	Peripheral Motor Loss
Unusual neck/face pain	Fibromuscular Dysplasia ¹	Memory loss	Heart attack	Vomiting
Nausea	Dysarthria ¹	Vagueness	A very mobile neck	Neck Instability
Ringing in the ear	Dysphagia ¹	Drop Attacks ¹	Repeated Injury	Hypertension ¹
Dizziness	Stroke ¹			

Lumbar Spine (Lower Back)

Do you suffering from any of the following: (Please √ for **Yes** and place **X** for **No**):

Same Symptoms both sides of the body	Poor walking/running technique	Tingling/numbness in the groin area
Cough/Sneeze causing pain	Stomach / Bowel discomfort/pain	Bladder Bowel

Do you have any irregularities of the following systems?

YES/NO - Head, ears, nose or throat.....

YES/NO - Lungs (asthma, cough, etc).....

YES/NO - Heart (high blood pressure, heart attacks, etc).....

YES/NO - Circulation (blood clots, poor circulation, etc).....

YES/NO - Gastrointestinal (ulcers, etc).....

YES/NO - Eyes (including recent change in sharpness).....

YES/NO - Genitourinary (kidney, incontinence etc).....

YES/NO - Neurological (stroke, Parkinson's, seizures, etc).....

YES/NO - Metabolic/endocrine (thyroid, diabetes, etc).....

YES/NO - Skin (rashes, etc).....

YES/NO - Dental (TMJ, etc).....

YES/NO - Have you had any **INJECTIONS** recently? Please state the location:

.....
.....
.....

CLIENT DECLARATION

I have read and **fully understood** all aspects of this questionnaire. I have **declared any medical conditions** that may compromise my training. If I have doubt regarding any medical conditions(s) and the consequences of training with the declared condition, I shall **seek advice from my GP** and obtain clearance to attend.

Name: _____ Date: _____

Signed: _____

Thank-you for your time

Explanation of Medical Conditions

Fibromuscular dysplasia (FMD), or **fibromuscular dysplasia of arteries**, is a disease that can cause narrowing (stenosis) of arteries in the kidneys, the carotid arteries supplying the brain, and less commonly, the arteries of the abdomen. FMD can cause hypertension, strokes, heart attacks, and arterial swelling (aneurysm) and dissection.

Dysarthria is a motor speech disorder resulting from neurological injury, characterized by poor articulation (cf. aphasia: a disorder of the content of speech). Any of the speech subsystems (respiration, phonation, resonance, prosody, articulation and movements of jaw and tongue) can be affected.

Dysphagia is the medical term for the symptom of difficulty in swallowing. Although classified under "symptoms and signs" in ICD-10,¹ the term is sometimes used as a condition in its own right. Sufferers are sometimes unaware of their dysphagia.

Peripheral motor loss, or neuropathy, is the term for damage to nerves of the peripheral nervous system, which may be caused either by diseases of the nerve or from the side-effects of systemic illness.

Hormone replacement therapy (HRT) or in Britain, **Hormone therapy (HT)**, is a system of medical treatment for surgically menopausal, perimenopausal and to a lesser extent postmenopausal women. It is based on the idea that the treatment may prevent discomfort caused by diminished circulating estrogen and progesterone hormones. It involves the use of one or more of a group of medications designed to artificially boost hormone levels. The main types of hormones involved are estrogens, progesterone or progestins, and sometimes testosterone. It often referred to as "treatment" rather than therapy.

Hypertension (HTN) or high blood pressure is a chronic medical condition in which the systemic arterial blood pressure is elevated. It is the opposite of hypotension. It is classified as either primary (essential) or secondary. About 90–95% of cases are termed "primary hypertension", which refers to high blood pressure for which no medical cause can be found. The remaining 5–10% of cases (Secondary hypertension) are caused by other conditions that affect the kidneys, arteries, heart, or endocrine system.

Drop attacks are sudden spontaneous falls while standing or walking, with complete recovery in seconds or minutes. There is usually no recognized loss of consciousness and the event is remembered. It is a symptom, not a diagnosis, and it can have diverse causes.

A **stroke**, known medically as a **cerebrovascular accident (CVA)**, is the rapidly developing loss of brain function(s) due to disturbance in the blood supply to the brain. This can be due to ischemia (lack of blood flow) caused by blockage (thrombosis, arterial embolism), or a hemorrhage (leakage of blood). As a result, the affected area of the brain is unable to function, leading to inability to move one or more limbs on one side of the body, inability to understand or formulate speech, or an inability to see one side of the visual field.