



Client Pre-Exercise Questionnaire

Name:	DOB:
Address:	Today's date:
	Next of kin:
Home no: Mobile no: Email address:	Next of kin Contact Details:

GENERAL QUESTIONS

Have you had personal training before? YES NO
 What has prompted you to take up personal training?

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What is your occupation?

Do you smoke/are you an ex-smoker?

PAR-Q

Please Circle:

Have you ever/do you currently have a heart condition? YES NO
 Have you ever experienced a stroke? YES NO
 Have you ever/do you currently have epilepsy? YES NO
 Have you ever/do you currently have Diabetes? YES NO
 Have you ever/do you currently experience chest pain when you engage in physical activity? YES NO
 Do you ever lose consciousness or do you ever lose control of your balance due to dizziness? YES NO
 Has a GP ever told you or are you aware that you have high/low blood pressure? YES NO
 Have you ever / do you currently have a respiratory disorder? YES NO
 Have you ever / are you currently being treated for a bone, joint or soft tissue injury? YES NO
 Are you pregnant / had a baby in the last 3 months? YES NO
 Has a GP ever told you or are you aware that you have high cholesterol? YES NO



MEDICAL HISTORY

Have you suffered from or are you suffering from any form of illness that may be relevant?
If yes, please give details

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Have you suffered from or are you suffering from any form of injury that may be relevant?
If yes, please give details

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Are you taking any prescribed medication?

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Do you have any allergies?

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Have you had any surgery during the last 10 years?

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Is there any other information you feel is important to mention now? Are there any other aspects to your health not mentioned above that may affect participating in our classes?

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Informed Consent

In participation in any fitness training programme with Dave Scarborough. The information I have given is correct to the best of my knowledge. Apart from any conditions previously mentioned, I am in good physical condition, capable of performing active or passive exercise without detriment to my health, safety or physical comfort.

PERSONAL TRAINING/Class sessions consist of activities that are designed to gradually improve the efficiency with which the body functions, but no guarantee of improvements can be made. Exercise levels will be progressive and be regulated by the trainer. During the training sessions, and for a period after, you may experience local muscular soreness and some fatigue. These minor discomforts very often disappear within 48 hours.

The reaction of the body to such activities cannot always be predicted. There are risks during or following exercise. These include abnormalities of blood pressure, heart rate or in very rare cases cardiac complications. Should you feel unwell or unsure please let the trainer know immediately. Every effort will be made to avoid any adverse reaction, your trainer is a qualified First Aider and trained in CPR (emergency resuscitation) and is aware of emergency procedures to minimise the risk of any unexpected events should they occur. A doctor will not be present during the sessions and is not available through your trainer.

All information acquired during Personal Training/ class sessions will be treated with the strictest confidentiality. You are free to stop your session at any time.

Please make sure before signing this form that all your questions have been answered. Take as much time as you deem necessary, and if you wish, discuss your participation with your doctor.

Client Signature:.....

Date:.....

Dave Scarborough.....

Date:.....

Small group classes are perfect for people with minor health problems and enjoy a challenge in a faced paced environment

1- Class
Cost: £10 pay as you go

12- Classes a month
Cost: £100 payment made on the 1 st of the month



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