

BusyFit

Pre-exercise questionnaire

Thank you for taking the time to complete this questionnaire. Your answers are important and will be treated in confidence.

Personal Details

Name: (Surname)(Given names).....

Date of birth:Age:Sex: Male / Female

Address: (Home)Postcode:.....

Phone: (Daytime).....(Evening).....Mobile.....

Email address:

Occupation:

Emergency Contact Details

(1) Name:Relationship:.....

Phone: (Day)(Evening).....Mobile:.....

(2) Name:.....Relationship:.....

Phone: (Day).....(Evening).....Mobile:.....

Doctor

Name: Address:.....Suburb:.....Postcode:.....

Phone: (Business hrs)(After hrs).....

Date of last medical examination:.....

Family History

(Please detail any health problems that have occurred in your immediate family)

Condition	Yes	No	Relationship to you	Age of onset
High blood Pressure				
Heart				
Stroke				
Diabetes				
Other				

Personal Medical History

I have had, or been told I have, or consulted a physician for:

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Heart condition			Diabetes			Muscular Cramps		
High Cholesterol			Epilepsy			Rheumatic Fever		
High/Low Blood Pressure			Cancer			Angina		
Stroke			Osteoporosis			Arthritis		
Migraine			Pneumonia			Chest Pain		
Asthma			Joint Problems			Regular Headaches		
Hernia			Back/Neck Pain			Bronchitis		
Heart Murmur			Calf Pain					

Others (give details)

Please answer the following questions accurately (if yes, give details)

Are you pregnant or attempting to fall pregnant?

Are you currently suffering from any infections or infectious diseases?

Are you currently injured?

Have you recently had any injury?

Past injuries?

Are you taking any prescription medications?

Other medications (over the counter/herbal)?.....

Have you been hospitalised or had any operations?.....

Do you smoke?..... Do you drink alcohol?.....

Are you aware of any other physical condition not previously disclosed?.....

Weight gain in the last 2 years? (Kg)

Recent weight loss? (Kg/lb/stone) (intended/unintended).....

Do you think your current weight is too heavy/ too light/ just right.....

Exercise

(List the activities/sports you currently do)

Activity	Times/week	Average duration	Level of intensity Easy Moderate Hard	How long have you been participating? Years Months

List your preferred exercise types (include any you would like to do but haven't done /not doing at present)

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How much time do you have available to exercise each week?

Goals

What do you want to achieve through your exercise program?.....

Increase size		Increase fitness	
Decrease body fat		Improve muscle definition	
Strength		Flexibility	
Endurance/Stamina		Stress management	

Other:.....

Declaration and Informed Consent

I (name).....declare that the information provided is true and correct to the best of my knowledge. I give permission for BusyFit to contact my physician for further information if necessary and understand that all information provided will be treated confidentially. I acknowledge that, by signing this document, I have voluntarily chosen to participate in a program of progressive physical exercise that can enhance the musculoskeletal and cardiorespiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack or death. By signing this document, I assume all risk for my health and well being and hold harmless of any responsibility, the instructor, facility or any persons involved with this program and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

Signed:.....Date:.....

Parent/Guardian if under 18: Name:.....

Address:.....Suburb:.....Postcode:.....

Signature:.....Date:.....