

**Barry University Fitness Center
Personal Training
Health History Questionnaire**

Name: _____

Today's Date: _____

BU ID #: _____

Member Type: Circle Student Staff Alumni

Phone: _____

Email: _____

DOB: _____ Gender: _____

Emergency Contact:

Name: _____

Phone: _____

Primary Health Care Provider

Physician: _____

Phone: _____

Address: _____

Date of last check up? _____

Present/Past History

1. Have you had surgery within the last 2 years? Yes _____ No _____

Explain: _____

2. Do you have any past or present orthopedic injuries? Yes _____ No _____

3. Are you taking any medications (prescribed or not)? Yes _____ No _____

Please List: _____

4. Are you taking any supplements or vitamins? Yes _____ No _____ (examples: vitamins, minerals, herbs, enzymes, amino acids, organ tissue)

Please List: _____

5. Do you follow or have you recently followed any specific dietary intake plan and, in general, how do you feel about your nutritional habits?

6. Please circle all conditions that you currently have or have had in the past.

Heart attack	Diabetes	Stroke	Chest discomfort	Heart murmur
Trouble sleeping	Migraine/headache	Broken Bone	Shortness of breath	Anemia
Asthma	Epilepsy	Anxiety	Depression	Fatigue
Hernia	Arthritis	Limited range of motion	Pain	

Explain any conditions that you circled (i.e. treatment, symptoms, restrictions):

- ❖ A personal trainer will help you design an exercise program based on your current level of fitness your time limitations and your goals. The personal trainer will be instructing you on proper equipment set-up and usage, joint and lower back safety precautions, and proper form.
- ❖ **If you cannot make your personal training appointment, please call your personal trainer at least 24 hours in advance to reschedule.** Do not forget to bring your Barry Identification card with you to gain access to the fitness center. Please wear proper workout attire and arrive at least 5 minutes prior to your scheduled appointment.
- ❖ We require that you arrange a Personal Fitness Assessment before starting your exercise program. The personal fitness assessment includes the following assessments: body fat, blood pressure, resting heart rate, cardiovascular endurance, flexibility, muscular strength, and muscular endurance.
- ❖ Personal trainers will take your resting heart rate and blood pressure prior to each training appointment (if indicated from assessment).
- ❖ In order to provide you with a safe and effective exercise program, the information on this form should be true to the best of your knowledge.
- ❖ All personal data is confidential.
- ❖ If this Questionnaire accurately reflects your health history and all medical limitations that may affect your Personal Training appointment, please sign below:

Client's Signature: _____ Date: _____

Personal Trainers Signature: _____ Date: _____