

# POST REHAB FITNESS CENTER QUESTIONNAIRE

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

Age: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY CONTACT NUMBER** \_\_\_\_\_ Ask for whom? \_\_\_\_\_

## **Medical History**

1. Have you ever had **any** type of injury to a bone, joint, or muscle? (Pre-existing) **Yes** **No**

If so, please explain. \_\_\_\_\_

\_\_\_\_\_

2. Have you ever had any cardiac problems? (Heart attack, stroke, tachycardia, etc.) **Yes** **No**

If so, please explain. \_\_\_\_\_

\_\_\_\_\_

3. Have you ever had any serious illness? (Cancer, Diabetes, etc.) **Yes** **No**

If so, please explain. \_\_\_\_\_

\_\_\_\_\_

4. Have you ever had a seizure or do you have any nervous system irregularities? **Yes** **No**

If so, please explain. \_\_\_\_\_

5. List of current medications: \_\_\_\_\_

## **Exercise History**

1. Have you ever been involved in an exercise program before? **Yes** **No**

Please explain what you did: \_\_\_\_\_

\_\_\_\_\_

2. Are you familiar with any exercise equipment? (Free weights, machines, treadmills, etc.) \_\_\_\_\_

If so, what type of equipment? \_\_\_\_\_

\_\_\_\_\_

3. What recreational activities do you like to do? (Golf, gardening, biking, running, walking, etc.)

\_\_\_\_\_

4. What activities are you currently doing? How many times are you doing these? (week, month)

\_\_\_\_\_

5. What are your goals for joining Post Rehab Fitness/Conditioning? \_\_\_\_\_

\_\_\_\_\_

(use other side if necessary)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date