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The Strength Shack, 313 Prestbury Road, Cheltenham, GL52 3DF



Strength Shack

Health and Medical Conditions Questionnaire

Please read through the following questions carefully and answer all questions need to the best of your knowledge by ticking yes or no. The questions are designed to identify any health issues regarding exercise and lifestyle change, and whether it would be beneficial to consult your GP or medical practitioner before you take part in any exercise regime. If you are aged over 65 years and are not used to physical activity, you should consult your doctor before beginning your lifestyle change programme, regardless of the answers provided.

	Yes	No
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever feel pain in your chest when doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever feel faint or have spells of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a joint problem that could be made worse by exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told that you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any medication of which the trainer should be made aware?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant or have you had a baby in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any major illnesses within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other reason why you should not participate in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to one or more questions:

Talk to your GP or medical practitioner before becoming more physically active or making lifestyle changes. Tell them about the question(s) you have answered yes to. You may be able to do any activity, so long as you start slowly and build up gradually, you may be advised to only do certain activities or they may suggest that you do not begin at present and suggest alternative actions in your best interests. Discuss with them the types of activity and lifestyle changes you wish to do and follow their advice.

If you have answered no to all questions:

You can be reasonably sure that you can start to become more physically active and make lifestyle changes. Be sure to begin slowly, build up gradually and listen to your body.

Please note:

If your health changes so that subsequently you answer yes to any of these questions, inform your fitness/health professional immediately and discuss the actions you should take. Advise your fitness professional if you feel unwell, develop any signs or symptoms of illness, any injuries regardless how mild, or if you just have any concerns. If unwell or injured, you should postpone activity until you are feeling better or have been seen by a medical professional, depending on the circumstances.

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Health Information

The following information is required to make your exercise, dietary and lifestyle guidelines as safe and effective as possible. The answers you provide may result in you being recommended to visit a medical practitioner before beginning your programme.

Please tick any conditions you have or have previously had, and provide any other relevant information.

Medical conditions/lifestyle			
Coronary heart disease	<input type="checkbox"/>	Osteoarthritis	<input type="checkbox"/>
Coronary artery disease	<input type="checkbox"/>	Rheumatoid arthritis	<input type="checkbox"/>
Peripheral vascular disease	<input type="checkbox"/>	Gout	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	Liver problems	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	Kidney problems	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	Lung conditions	<input type="checkbox"/>
Angina	<input type="checkbox"/>	Eye conditions	<input type="checkbox"/>
Other heart conditions/problems	<input type="checkbox"/>	Hearing problems	<input type="checkbox"/>
Diabetes Type I	<input type="checkbox"/>	Stress	<input type="checkbox"/>
Diabetes Type II	<input type="checkbox"/>	Anxiety/panic disorder	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	Depression	<input type="checkbox"/>
Metabolic syndrome	<input type="checkbox"/>	Seasonal Affective Disorder	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	Parkinson's	<input type="checkbox"/>
Food allergy/allergies	<input type="checkbox"/>	M.S.	<input type="checkbox"/>
Other allergies	<input type="checkbox"/>	Chronic fatigue/M.E.	<input type="checkbox"/>
Smoker (even if previous and now given up)	<input type="checkbox"/>	Other (please specify)	
Regularly drink or have drunk alcohol	<input type="checkbox"/>		

Please provide details below (length of illness, treatments undertaken, effects, operations etc.):

Please provide details of any family history of illness/disease:

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To be completed by the Fitness Professional

I have reviewed the answers provided and discussed these with my client, suggesting the course of action in line with my qualifications, insurance and suggested best practice. Any further notes taken and actions suggested to my client are recorded below and a copy of these has been provided for my client if needed/requested.

Name:

Date:

Further notes/actions suggested

To be completed by the client

Name:

Date of Birth:

Address:

Contact telephone number:

Email address:

Emergency contact name:

Emergency contact telephone number:

I have read, understood and completed this questionnaire, and all questions have been answered to the best of my knowledge.

I confirm that any notes made by the trainer above reflect an accurate summary of our conversation and the actions they suggested.

Name:

Date: