

LIFESTYLE AND DIETARY FACTORS

- Colds/Respiratory infections per year _____
- Anemia _____
- Gastrointestinal Disorder _____
- Hypoglycemia _____
- Thyroid Disorder _____
- Pre/Postnatal _____

CARDIOVASCULAR

- High Blood Pressure _____
- High Cholesterol _____
- Heart Disease/Heart Attack _____
- Stroke _____

MUSCULOSKELETAL INFORMATION

Please describe any past or current musculoskeletal conditions you have incurred, such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort.

Head/Neck _____

Upper Back _____

Shoulder/Clavicle _____

Arm/Elbow _____

Wrist/Hand _____

Lower Back _____

Hip/Pelvis _____

Thigh/Knee _____

Arthritis _____

Hernia _____

Surgeries _____

Other _____

Signature of Training Client: _____ Date: _____

Signature of Personal Trainer: _____ Date: _____