

# Medical Questionnaire Form



## Personal Information

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

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name & Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

## Health History

Do you have any of the following conditions? (Select all that apply):

- Heart Disease
- High Blood Pressure
- Diabetes
- Asthma or Respiratory Issues
- Arthritis
- Osteoporosis
- Chronic Pain
- Recent Surgery (within the past 12 months)
- Other: \_\_\_\_\_
- None of the above

Are you currently taking any medications that may affect your physical activity?

- Yes
- No
- If yes, please specify: \_\_\_\_\_

Have you experienced any injuries, surgeries, or conditions that may impact your exercise routine?

- Yes
- No
- If yes, please specify: \_\_\_\_\_

Do you have any allergies or medical conditions I should be aware of?

- Yes
- No
- If yes, please specify: \_\_\_\_\_

## Consent & Agreement

By signing below, I confirm that the information provided is accurate to the best of my knowledge. I understand that Potentiate Fitness is not a substitute for medical care and that I should consult my healthcare provider before beginning any exercise program if I have concerns.

Signature: \_\_\_\_\_

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

Your information is confidential and will be used solely for creating a safe and effective fitness program tailored to your needs.

## Lifestyle & Fitness Goals

How would you rate your current activity level?

- Sedentary (little or no exercise)
- Lightly Active (1–3 days/week)
- Moderately Active (3–5 days/week)
- Very Active (6–7 days/week)

What are your primary fitness goals? (Select all that apply):

- Weight Loss
- Muscle Gain
- Improved Flexibility
- Increased Endurance
- Pain Reduction
- Improved Mental Health
- Other: \_\_\_\_\_

Do you currently follow any specific diet or nutrition plan?

- Yes
- No
- If yes, please describe: \_\_\_\_\_

Have you worked with a personal trainer before?

- Yes
- No

What is your preferred workout location?

- Home
- Park
- Gym
- Other: \_\_\_\_\_