



# Health Questionnaire

Thank you for taking the time to... **Tell me about you!**

First name:		Surname:	
Address:		Postcode:	
Mobile Phone:		Home Phone:	
Work Phone:		Email:	
Employer:		Birth date:	
Emergency contact name:		Emergency contact number:	
How did you hear about us?			

Please Circle below. How **energetic** do you feel on a regular basis, on a scale of 1-10? :

I just want to sleep	I'm the energizer bunny
<hr/> 1    2    3    4    5    6    7    8    9    10	

How **healthy** do you feel on a regular basis, on a scale of 1-10? :

I am always sick	What's a doctor?
<hr/> 1    2    3    4    5    6    7    8    9    10	

How **fit** do you feel on a regular basis, on a scale of 1-10? :

I get puffed looking at stairs	I can run upstairs whilst on the phone
<hr/> 1    2    3    4    5    6    7    8    9    10	

On a scale of 1-10, how important is it that you achieve your health goals?

Not too worried	It means the world to me
<hr/> 1    2    3    4    5    6    7    8    9    10	

Where do you want to be with your health?
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Do you smoke? Yes  No

Are you pregnant? Yes  No

Have you ever had any of the following:

<input type="checkbox"/> Heart trouble history	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Pain in the chest	<input type="checkbox"/> Asthma	<input type="checkbox"/> Sports injury	<input type="checkbox"/> Back problems
<input type="checkbox"/> Faint or dizzy spells	<input type="checkbox"/> Bone or joint problems	<input type="checkbox"/> Other	<input type="checkbox"/> Other

**WARNING, THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS**

### Agreement for participating in group fitness classes or P.T.

By signing this document, I understand that my trainer is not able to provide me with medical advice with regards to any medical conditions I may have and that this information is used only as a guideline to the limitations of my ability to exercise. I acknowledge that it is a condition of participating in this activity that I do so at my own risk. I accept the risks and hereby indemnify and release the trainer, Ignite the business, affiliates and any person directly and indirectly associated with the trainer, against all liability. I will not hold my trainer, Ignite the business, liable for any injuries that may occur while I am training.

Print name		Signature	
Date			