

PRE-SCREENING QUESTIONNAIRE: FIRST TIME CLIENTS

Personal Information:

Name: _____ Date of Birth: ____/____/____
Age: _____ Gender: M / F Email: _____
Address: _____ City: _____ Area Code: _____
Phone: _____ Occupation: _____
Emergency Contact Person: _____ Emergency phone: _____
Your relationship to emergency contact: _____

Medical Information

Have you ever had or do you have and of the following? (Please Tick all that apply)

High blood pressure*	High Cholesterol
Heart/Stroke condition*	Asthma or breathing difficulties
Pain/Tightness in the chest*	Muscle pain/cramps
Dizziness or fainting*	Epilepsy
Diabetes	Back pain
Arthritis	Joint pain

If you answered YES to any of the above please provide details:

If you have answered YES to two or more of the above cardiac risk factors in red, then you should see a doctor for a medical clearance before starting the training programme.

Is there anything that we should know that may limit your activity or participation on our Boot Camp Programme? Yes / No

If yes, please specify:

Are you currently taking medication? Yes / No

If yes, what is the medication you are taking?

Has a doctor imposed any activity restrictions? If so, please describe:

Exercise and Diet

Do you engage in regular exercise/sport? Yes / No

If yes, describe the nature of the programme. E.g. cardiovascular, weight programme

What are your goals out of this boot camp? (Please Tick which ones apply)

Body fat reduction	Increased flexibility
Cardiovascular fitness	Social
Muscular strength	Try something new
General Wellbeing	Weight loss
Muscular Definition	Other (Please specify): _____

How many sessions do you aim to attend? (Per week) _____

What is your short term goal? (8 weeks)

Overall how would you describe your nutritional intake? (Please circle one only)

Poor Average Good Excellent

If your attendance becomes irregular and you don't make your session per week goal, do you give us permission to contact you to offer support? Yes / No

If there is any other information you think we should know please use the space below:

I have answered all questions honestly and completely to the best of my ability.

Participant Signature: _____ Date: _____