



## Pre-Exercise Questionnaire

Name \_\_\_\_\_ Home Phone & Mobile \_\_\_\_\_  
DOB \_\_\_\_\_ Email \_\_\_\_\_  
Sex M / F \_\_\_\_\_  
Address \_\_\_\_\_  
Emergency Contact & Phone \_\_\_\_\_  
Physician \_\_\_\_\_  
How did you find us? (Circle one) Referral (who? \_\_\_\_\_) Flyer, Internet, Other \_\_\_\_\_

### Risk Assessment

Are you taking any medications or drugs? If so, please list medication, dose and reason. \_\_\_\_\_  
How would you rate your fitness? Beginner? Intermediate? Advanced? \_\_\_\_\_  
Are you Active? **Yes/No** \_\_\_\_\_  
Activity or Exercise \_\_\_\_\_  
Times per week \_\_\_\_\_ Minutes per session \_\_\_\_\_

### Do you know or have you had in the past:

1. History of heart problems, chest pain or stroke **YES/NO**
2. Increased blood cholesterol **YES/NO**
3. Pregnancy (now or within last 3 months) **YES/NO**
4. Advice from physician not to exercise **YES/NO**
5. History of breathing or lung problems **YES/ NO**
6. Hernia or any condition that may be aggravated by lifting weights. **YES/NO**
7. Diabetes or thyroid condition **YES/NO** Insulin Dependent? **YES/NO** \_\_\_\_\_
8. Any chronic illness or condition **YES/NO**
9. Increased blood pressure **YES/NO**
10. Recent surgery (last 12 months) **YES/NO**
11. Cigarette smoking habit **YES/NO** How many per day? \_\_\_\_\_

### Do you have any problems in these areas?

Knees **YES/NO**  
Lower back **YES/NO**  
Hips /pelvis **YES/NO**  
Neck/ shoulders **YES/NO**  
Flexibility **YES/NO**

**Further Comments** \_\_\_\_\_

### WAIVER

I agree to participate in Blackstrapz training with a certified Blackstrapz Trainer.  
I recognise that exercise is not without varying degrees of risk to my body. I hereby verify that I know of no medical problems (other than listed above) that would increase my risk of illness or injury. I understand that photos or video may be taken during the session for promotional purposes.  
I agree to waive, release and discharge Blackstrapz and its agents, of any and all claims, demands, actions or damages of any kind resulting from participation in Blackstrapz training.

**Signed :** \_\_\_\_\_ **Date :** \_\_\_\_\_

Please print and scan/ reply email (to [info@blackstrapz.com](mailto:info@blackstrapz.com) ) this questionnaire prior to your first session or bring with you to your first session.