

# Butler University Personal Training Health History Form

*This form is not a substitute for a thorough physical examination/assessment by your physician. This is designed to identify and understand potential issues that may arise during an increase in physical activity. All information on this form is personal and confidential and will not be released to anyone outside the Fitness Center or your personal trainer without written consent. Any information that you provide will enable us to better understand you and your health/fitness habits.*

## PERSONAL INFORMATION:

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

Does your physician know you are participating in this exercise program?  Yes  No

## PHYSICIAN INFORMATION:

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

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

## EMERGENCY CONTACT INFORMATION:

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

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

## SECTION 1– OVERALL MEDICAL HISTORY

2. Do you have a history of, or do you currently have any of the following (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> History of heart problems, chest pain, or stroke | <input type="checkbox"/> History of breathing or lung problems                        |
| <input type="checkbox"/> Increased blood pressure                         | <input type="checkbox"/> Muscle, joint, or back pain                                  |
| <input type="checkbox"/> Any chronic illness or condition                 | <input type="checkbox"/> Any previous injury still affecting you                      |
| <input type="checkbox"/> Difficulty with physical exercise                | <input type="checkbox"/> Diabetes or thyroid condition                                |
| <input type="checkbox"/> Advice from physician not to exercise            | <input type="checkbox"/> Cigarette smoking habit                                      |
| <input type="checkbox"/> Any recent surgeries                             | <input type="checkbox"/> Obesity (more than 20% over ideal body weight)               |
| <input type="checkbox"/> History of heart problems in immediate family    | <input type="checkbox"/> Increased blood cholesterol                                  |
| <input type="checkbox"/> Pregnancy (now or within the last 3 months)      | <input type="checkbox"/> Hernia or any condition that may be aggravated with exercise |

2a. If you checked any of the above conditions, please explain here:

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# Butler University Personal Training Health History Form

## SECTION 2—PAST MEDICAL HISTORY\*

3. Have you ever been diagnosed with, or suffered from (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Heart attack                  | <input type="checkbox"/> Defibrillator/rhythm disturbance |
| <input type="checkbox"/> Heart surgery                 | <input type="checkbox"/> Heart valve disease              |
| <input type="checkbox"/> Cardiac catheterization       | <input type="checkbox"/> Heart failure                    |
| <input type="checkbox"/> Coronary angioplasty (PTCA)   | <input type="checkbox"/> Heart transplant                 |
| <input type="checkbox"/> Pacemaker/implantable cardiac | <input type="checkbox"/> Congenital heart disease         |

3a. If you checked any of the above conditions, please explain here:

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## SECTION 3—CURRENT MEDICAL HISTORY\*

4. Have you ever experienced any of the following (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Pain or discomfort in the chest with mild exertion        | <input type="checkbox"/> Back/neck pain and/or discomfort |
| <input type="checkbox"/> Excessive breathlessness                                  | <input type="checkbox"/> Orthopedic problems              |
| <input type="checkbox"/> Unusual shortness of breath/fatigue with usual activities | <input type="checkbox"/> Heart murmur and/or palpitations |
| <input type="checkbox"/> Difficult, labored, or painful breathing during day/night | <input type="checkbox"/> Musculoskeletal problems         |
| <input type="checkbox"/> Dizziness, fainting, or blackouts                         | <input type="checkbox"/> Severe headaches/migraines       |

4a. If you checked any of the above conditions, please explain here:

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**\*IF ANY BOXES WERE CHECKED IN SECTION 2 & 3 PLEASE CONSULT YOUR HEALTH CARE PROVIDER PRIOR TO EXERCISING.**

5. Cardiovascular Risk Factors (check all that apply)\*\*:

- |  |   |
|--|---|
| <input type="checkbox"/> You are a man older than 45 years   | <input type="checkbox"/> You have elevated cholesterol levels   |
| <input type="checkbox"/> You are a woman older than 55 years<br>or had a hysterectomy/postmenopausal | <input type="checkbox"/> History of heart attack/sudden death in immediate family                             |
| <input type="checkbox"/> You smoke currently or within the past 6 months                             | <input type="checkbox"/> You are diabetic or take medicine to control blood sugar                             |
| <input type="checkbox"/> Your blood pressure is $\geq 140/90$  | <input type="checkbox"/> You are physically inactive (get <30 min of moderate<br>physical activity most days) |
| <input type="checkbox"/> You take blood pressure medication  | <input type="checkbox"/> You are more than 20lbs. overweight  |
| <input type="checkbox"/> You have elevated fasting blood glucose levels/A1C                          | <input type="checkbox"/> NONE OF THE ABOVE STATEMENTS ARE TRUE  |

**\*\*IF YOU MARKED TWO OR MORE BOXES ABOVE YOU MUST HAVE A MEDICAL CLEARANCE BEFORE YOU CAN ENGAGE IN PERSONAL TRAINING.**

# Butler University Personal Training Health History Form

## SECTION 4—MEDICATIONS:

6. Please list below all prescription and over-the-counter medications you are currently taking (please print clearly) or attach a typed list with the information:

Medicine	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6a. Are there any medications that your physician has prescribed for you in the past 12 months that you are no longer taking?

Yes  No

**If yes, please list the medications (please print clearly):**

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## SECTION 5—DIET/NUTRITION HISTORY:

7. How many meals do you typically eat per day? \_\_\_\_\_

Do you skip meals? If so, which one most commonly? \_\_\_\_\_

How many snacks do you typically eat per day? \_\_\_\_\_

7a. Check all that apply:

- You try to eat at least 5 servings of fruits and vegetables a day
- You try to limit the amount of fat you eat to <30% of your total daily caloric intake
- You use sugar sparingly by adding little/none to the foods you eat and by limiting your intake of desserts/candy
- You limit your alcohol consumption to 1-2 drinks or fewer per day
- You limit your sugary, sweetened beverages to 1-2 drinks or fewer per day

7b. Do you have any special dietary restrictions?

Yes  No

If you checked yes, please explain here:

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## SECTION 6—WEIGHT HISTORY

What do you consider to be your ideal body weight? \_\_\_\_\_

What has been your lowest body weight as an adult? \_\_\_\_\_

What has been your highest body weight as an adult? \_\_\_\_\_

What was your weight one year ago? \_\_\_\_\_

# BUTLER UNIVERSITY PERSONAL TRAINING REGISTRATION FORM

## SECTION 1—PERSONAL TRAINING:

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

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

E-Mail Address: \_\_\_\_\_

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

Butler Affiliation:  STUDENT  FACULTY/STAFF  ALUMNI  COMMUNITY MEMBER  NON-HRC MEMBER

Occupation: \_\_\_\_\_

### PERSONAL TRAINING INFORMATION

Desired number of personal training sessions per week:  1  2  3  4  5

Do you prefer a male or female trainer?  Male  Female  No Preference

Specific Trainer requested\*? \_\_\_\_\_

\*We will make every effort to accommodate requests, but they cannot be guaranteed. Assignments are based on client goals, fitness levels, and schedules.

Please choose which days you are available to train: (Check all that apply)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Please choose blocks of time you are available to train: (Check all that apply)\*

6 A.M.—9 A.M.  9 A.M.—12 P.M.  12 P.M.—4 P.M.  4 P.M.—7 P.M.  7 P.M.—11 P.M.

\*Note: The more availability you mark, the easier it will be to place you with a trainer.

### PERSONAL FITNESS GOALS:

Please indicate your personal fitness/health goals: (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Reduce body fat & lose weight | <input type="checkbox"/> Better balance & mobility         |
| <input type="checkbox"/> Build lean muscle mass        | <input type="checkbox"/> Improve cardiovascular fitness    |
| <input type="checkbox"/> Improve stamina & flexibility | <input type="checkbox"/> General health & fitness          |
| <input type="checkbox"/> Muscular strength             | <input type="checkbox"/> Reduce blood pressure/cholesterol |

**PLEASE INITIAL HERE IF YOU ARE A BUTLER EMPLOYEE ONLY INTERESTED IN RECEIVING A FITNESS ASSESSMENT AND NO PERSONAL TRAINING.** \_\_\_\_\_

Please tell us more about your specific short and long term goals for exercise, health, and fitness:

1 month: \_\_\_\_\_

6 months: \_\_\_\_\_

1 year: \_\_\_\_\_

# BUTLER UNIVERSITY PERSONAL TRAINING REGISTRATION FORM

## SECTION 2—PHYSICAL ACTIVITY PREFERENCES:

Please list any favorite activities you would like to include in your exercise plan:

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Please list any activities you dislike or do not want to include in your exercise plan:

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Do you currently exercise?  Yes  No

If yes, how many times per week? \_\_\_\_\_

Describe what kinds of fitness related activities you do somewhat regularly:

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Please list any recreational activities (golf, tennis, yard work, etc.) that you participate in regularly:

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Where do you plan on exercising or being physically active when you are not with a trainer?

Home  Gym  Outdoors

What are your personal barriers/challenges with exercise? \_\_\_\_\_

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# BUTLER UNIVERSITY PERSONAL TRAINING REGISTRATION FORM

**\*\*\*Notes: Please initial on the left of each statement to indicate you have read and understand.**

\_\_\_\_\_ I will be charged in full for a session if less than 24-hour notice is given.

\_\_\_\_\_ It is my responsibility to notify my trainer of any change in my health status

\_\_\_\_\_ All sessions expire 6 months from the purchase date and are non-transferable and are non-refundable (unless there is a specific medical condition in which this situation will be re-evaluated)

\_\_\_\_\_ If you arrive more than 15 minutes late for the scheduled appointment, forfeiture of the sessions will result and your personal trainer has the right to leave the premises. Appointment still ends at scheduled time if you are late.

\_\_\_\_\_ This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes.

\_\_\_\_\_ If I am unable to make the scheduled training session due to an illness, emergency, travel, or any other circumstances, it is my responsibility to notify my personal trainer 24 hours in advance and reschedule my appointment.

\_\_\_\_\_ If I do not participate in a training session nor contact my trainer for a 30 day period without advanced notice of an extended absence or medical condition, I will be moved to INACTIVE client status which may entail having a new trainer assignment if I choose to return to the program. (Note: sessions expire 6 months from purchase date.)

**Butler University, the Department of Recreation and their agents, assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.**

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name (Last, First, M.I.) \_\_\_\_\_

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

**\*\*Once you submit your registration packet, it may take up to a week to process your paperwork and pair you with the trainer that will fit your goals and needs. We will do our best to contact you sooner if possible. Please contact Chera McCabe, Fitness Coordinator, with any questions you may have (cmccabe2@butler.edu; 317-940-6121)**