

# Client Information



## Client Information

Name:

Address:

Phone:

Email:

## Health History

Date of Birth:

Heart Condition: Y / N

Asthma: Y / N

High blood pressure: Y / N

Arthritis/Joint pain: Y / N

Medication: Y / N

Smoker: Y / N

Chronic Illness: Y / N

Diabetes: Y / N

Dizziness/fainting: Y / N

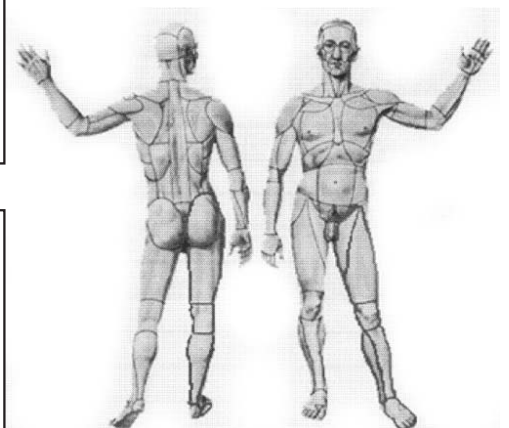
Epilepsy: Y / N

Hernia: Y / N

Pregnant: Y / N

Other?: Y / N

## Injury, Previous/Past



## Exercise History

## Objective

## Goals

F: Frequency

I: Intensity

T: Time/Duration

T: Type

I hereby acknowledge that the above information is correct and up to date. I recognise that Lisa Parkes is not able to provide medical advice in regard to my medical fitness and that the information given is only used as a guideline to establish limitations in an exercise program.

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