

AZTEC STUDIO AND AQUA CLASSES

Pre-Exercise Questionnaire

If you are planning to take part in physical activity please answer the questions below so that the instructor is aware of any potential problems and can adjust certain movements in order for you to work safely.

Please take time to fill in this questionnaire accurately. All of your details will be treated in the strictest of confidence.

Name:	ID No:	Today's date:
Address:		D/O/B:
Post code:		E-mail:
Tel No:	Mobile Number:	Work:
Emergency Contact (Name/Relationship):		Emergency contact Tel No:
		Instructor:
Name of GP and Practice		Awaiting medical clearance:
		Yes : Received: _ / _ / _

Your Goals

What would you like to achieve by attending the classes? Please tick in the relevant boxes

Fat loss	<input type="checkbox"/>	Tone up	<input type="checkbox"/>	Lower Cholesterol/BP	<input type="checkbox"/>
Stop smoking	<input type="checkbox"/>	Gain strength	<input type="checkbox"/>	Gain weight	<input type="checkbox"/>
Change appearance	<input type="checkbox"/>	Reduce Stress	<input type="checkbox"/>	Sports specific	<input type="checkbox"/>
General Fitness	<input type="checkbox"/>	Improve flexibility	<input type="checkbox"/>	Improve nutritional awareness	<input type="checkbox"/>
Pre/Post natal	<input type="checkbox"/>	Rehabilitation/Dr referral	<input type="checkbox"/>	Reduce back pain	<input type="checkbox"/>

Fitness rating

Estimated visits per week _____

(based on current exercise levels)

Low	<input type="checkbox"/>
Moderate	<input type="checkbox"/>
Average	<input type="checkbox"/>
Active	<input type="checkbox"/>
Very active	<input type="checkbox"/>

Medical History

Please tick areas with relevance to your condition

Asthma	<input type="checkbox"/>	Liver or kidney	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	Smoker	<input type="checkbox"/>
Arthritis /joint problems	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Stress	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Heart conditions i.e. Angina	<input type="checkbox"/>	Fainting/dizzy spells	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Underweight	<input type="checkbox"/>

If any ticked, please provide further details _____

Are you taking any prescribed medication? Y/N If yes, please give details: _____

Do you have any pain or injury, particularly in the neck, back, knees or ankles? Y/N If yes, please give details: _____

Have you had an operation in the last 6 months? Y/N If yes, please give details: _____

Is there any other aspect of your health not mentioned above that may affect the prescription of an exercise programme? Y/N If yes, please give details: _____

Declaration

I declare to the best of my knowledge the information given is correct. I recognise that the instructor is not able to provide me with medical advice with regard to my medical fitness and the answers I have provided will be used to reflect any limitations to my ability to exercise. If my medical state changes or I am prescribed medication I will notify my instructor. I hereby acknowledge that I assume all responsibility for my participation, activities and use of equipment and personal belongings while attending a class.

Signature: _____ Date: _____

Signed on behalf of Aztec/ studio Manager/ Co-ordinator Date: _____