

# Get Fit Norwalk!

## Health Status Questionnaire

### Part 1. Individual Information

Name \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Preferred Contact:  Email  Home  Cell  Work

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_

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

Gender:  Male  Female

Date of Birth: \_\_\_\_\_ (Month/date/year)

How did you hear about us: \_\_\_\_\_

I was referred by: \_\_\_\_\_

My main goal is to: \_\_\_\_\_

Are you training for a specific event? (ex. Wedding, Reunion, sport) \_\_\_\_\_

\_\_\_\_\_

Profession: \_\_\_\_\_

Number of hours worked per week:  less than 20  20-40  41-60  Over 60

More than 25% of the time spent on job:

Sitting at desk  Lifting or carrying loads  Standing  Walking  Driving

Moms with small children: Side you usually carry children:  Left  Right  Both

(203)952-3119

[www.GetFitNorwalk.com](http://www.GetFitNorwalk.com)  
[Jason@GetFitNorwalk.com](mailto:Jason@GetFitNorwalk.com)

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## Part 2. Medical History

Date of:

Last Medical Physical exam: \_\_\_\_\_ year

Last Physical Fitness test: \_\_\_\_\_ year

Have you ever had a severe neck injury?

No  Yes, Please describe \_\_\_\_\_

Have you ever injured your back?

No  Yes, Please describe \_\_\_\_\_

Do you have back pain?

Never  Seldom  Occasionally  Frequently with vigorous activity

Have you had knee pain in the past 2 years that has disabled you for longer than 1 week?

No  Yes, Please describe \_\_\_\_\_

Do you have any other physical conditions which cause pain?

No  Yes, Please describe \_\_\_\_\_

Have you ever been knocked out?

No  Yes, Please describe \_\_\_\_\_

Have you had a broken bone or fracture in the past 2 years?

No  Yes, Please describe \_\_\_\_\_

Please Detail any surgical procedures: \_\_\_\_\_

Do you take any prescribed medication on a permanent or semi-permanent basis?

No  Yes If yes please list: \_\_\_\_\_

Do you wear glasses or contact lenses?  No  Yes

Have you had your bodyfat tested?  No  Yes, it is \_\_\_\_\_%

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## Part 3. Health Related behavior

Do you smoke?  Yes  No

If you are a smoker, indicate number smoked per day:

Cigarettes:  >40  20-39  10-19  1-9

Cigars or pipes only:  5 or more or any inhaled  Less than 5, none inhaled

Do you exercise regularly?  Yes  No

How many days per week do you accumulate 30 min of moderate activity?

Days per week

How many days per week do you normally spend at least 20 minutes in vigorous activity?

Days per week

Height: \_\_\_\_\_

Weight now: \_\_\_\_\_ lbs. One year ago: \_\_\_\_\_ lbs

Please initial:

\_\_\_\_\_ I certify that I am not employed as a personal trainer, aerobic instructor, employed by a health club or otherwise employed in the fitness or martial arts industry nor is any member of my immediate family.

\_\_\_\_\_ I agree that I will not begin an exercise group or bootcamp within 3 years of participating in Get Fit Norwalk – Fitness Group.

\_\_\_\_\_ I agree to show up for all scheduled sessions on time any missed sessions will not be refunded or made up.

\_\_\_\_\_ I understand that photos or video may be taken during the course of my involvement with Get Fit Norwalk, which may be used for promotional purposes. I understand that my “before& after” photos will not be used for any promotional purpose unless I give written authorization.

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List anything not already included on this questionnaire that might cause you problems in a fitness program:

I certify that all information given in this form is accurate to the best of my knowledge.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

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

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