



Nick Drossos

Health Assessment

Thank you for choosing Nickhomefit to help you not only reach but also excel with your fitness and lifestyle goals. The information you provide below aids your Personal Trainer to develop the best-suited program for your needs. All information provided below is confidential.

****** Please complete this form prior to your 1st session ******

Name:

First

Last

Gender:

Male

Female

D.O.B.:

YYYY/MM/DD

Telephone:

Home

Cell

Email:

Address:

Street

Apt.

City

Province

Postal Code

Notes:

Health Questionnaire

1. When was your last medical check up? _____
2. Do you smoke? NO YES
 - a. If yes, how much? _____
3. Do you have any heart conditions? NO YES
4. Do you ever experience pain in your chest while exercising? NO YES
5. Is your blood pressure high? NO YES
6. Do you ever lose balance because of dizziness or lose consciousness? NO YES
7. Do you have any muscle, bone or joint conditions? NO YES _____
 - a. If yes, please specify: _____
8. Do you have any of the following conditions or any other conditions we should know about?
 - Diabetes
 - Arthritis
 - Asthma
 - Cholesterol
 - Other: _____
9. Do you suffer back pain or any other pain? NO YES
10. Have you had any surgery in the past two years? NO YES
 - a. If yes please explain: _____
11. Do you know any other reason why you should not do physical activity? NO YES
 - a. If yes, please explain: _____

Health Assessment

Lifestyle and Fitness

1. Are you taking any medications, vitamins or supplements? NO YES
 - a. If yes please list them: _____

2. List any potential "sabotage activities" IE: junk food, alcohol, desserts etc:

3. How physically active are you presently?
Times per week: _____ Length: _____ Type: _____
4. If your fitness level is low please explain why? _____

5. Best time to exercise? _____ Times per week wanted: _____
6. Have you had a Personal Trainer before? NO YES

Health Assessment

Goal Setting

Check off the areas you would like to improve on. On a scale of 1 to 10 please prioritize... number 1 being most important to you.

- Increase Energy
- Decrease health risks
- Sleep better
- Gain lean muscle
- Improve eating habits
- Reduce stress
- Reduce body fat
- Decrease injury pain
- Increase health
- Tone and shape
- Other: _____

Goal: _____

Achievement date: _____

Areas to Improve

Please list the areas below that you most want to improve. (ie: Abs, Arms, Lower Back etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

Motivation Scale 1 – 10 (please circle one)

(Not very motivated) 1 2 3 4 5 6 7 8 9 10 (Very motivated)

Informed Consent

I, _____, on _____ understand the risks related to starting an exercise program. I have signed a Nickhomefit Waiver. This is my informed consent to be placed on a personal exercise program with my Personal Trainer to improve my overall wellness.

Participant Name

Signature

Witness Name

Signature

PLEASE NOTE: All cancellations must be done before 6pm (One day before scheduled training session) Or will be charged in full.