

# BodyWorks

## Confidential health questionnaire



BRACKNELL  
LEISURE CENTRE

For your own exercise safety, please answer this questionnaire as accurately as possible. This questionnaire is confidential and will not be used other than for the information of the BodyWorks staff. If there are any contra-indications to exercise you will be asked to check with your G.P. before commencing exercise/training.

Forename: ..... Surname: .....

Address: .....

..... Postcode: .....

Telephone number: Home: ..... Work/Mobile: .....

Date of Birth: ..... Age: ..... Email: .....

Doctor: Name: ..... Tel number: .....

Surgery: .....

• Do you smoke? Yes / No If yes, what? ..... Daily amount? ..... How many years? .....

• Do you drink alcohol? Yes / No If yes, how much per day? ..... Per week? .....

• Do you take any form of unprescribed drugs? Yes / No If yes, please specify: .....

• Are you currently taking any medication? Yes / No If yes, please specify: .....

• Have you been advised that this medication may affect you during exercise (e.g. for epilepsy, asthma, hypertension, heart problems, etc)? Yes / No

If yes, please give details: .....

• Are you pregnant / been pregnant in the last 3 months? Yes / No

• Do you ever suffer chest pains during or after exercise? Yes / No

If yes, please give details: .....

• Do you suffer from breathlessness? Yes / No

If yes, please give details: .....

• Do you suffer from an eating disorder? Yes / No

If yes, please give details: .....

• Are you currently dieting? Yes / No If yes, please give details. ....

• Do you currently exercise? Yes / No If yes, what? .....

*please turn over /*

• Have **you or a relative** experienced any conditions associated with heart disease (e.g. strokes, rheumatic fever, high cholesterol, palpitations, murmurs, by-pass, pacemaker, etc)? Yes / No

• Do you suffer or have you ever suffered from any of the following?

High/low blood pressure Yes / No      Anaemia Yes / No      Arthritis Yes / No

Back Problems / Pain Yes / No      Epilepsy Yes / No      Asthma Yes / No

Joint Problems Yes / No      Depression Yes / No      Diabetes Yes / No

Past injury still affecting you Yes / No      Any operations in the last year Yes / No

Please give details of any identified conditions:

.....  
.....  
.....

Do you suffer or have you ever suffered from any other illness/conditions NOT mentioned overleaf?  
Yes / No

If yes, please specify: .....

**I have completed this form to the best of my knowledge and belief. I agree that should I be advised to do so I will seek confirmation from my G.P. before commencing any exercise within the BodyWorks fitness room.\*\***

Signature: .....

Print name: .....

Date: .....

Instructor's Signature: .....

Print name: .....

Date: .....

For instructors use only    BP .....    RHR .....    HT .....    WT .....

**\*\* IMPORTANT INFORMATION**

**If the customer is attending TeenWorX and is therefore in school years 7-11, this form must be read/agreed to, and signed by a parent or guardian (over the age of 18yrs) of the young person before they can take part in the TeenWorX session. Please ensure ALL the questions are answered whether viewed relevant or not. Thank you.**

Signature: .....

Print name: .....

Please state your relationship to the young person:

Parent / Guardian

Date: .....

