

**Victoria Wellness Professionals Ltd.**  
**#211-1551 Cedar Hill X Road**  
**Victoria, B.C. V8P 2P3**  
**250-382-2355      www.victoriacorpfit.ca**

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

**INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you under the care of a physician, chiropractor, or other health care professional for any reason?  
YES/NO If yes, list reason.

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Are you taking any medications? YES/NO If yes, please list: type, dosage, frequency and reason for taking.

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Please list any allergies:

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**NOTE: In order to assist you in the development of a rewarding and safe physical fitness program, we need to have your honest and accurate responses please.**

		YES	NO
1.	Has a doctor ever said you have heart trouble?	_____	_____
2.	Have you ever had angina pectoris or sharp pain or heavy pressure in your chest area as a result of exercise, walking or other physical activity such as climbing a flight of stairs (Note: this does not include the normal out of breath feeling that results from normal activity)?	_____	_____
3.	Have you every experienced rapid heart action or palpitations?	_____	_____
4.	Have you ever had a real or suspected heart attack, coronary occlusion, myocardial infarction, coronary insufficiency, or thrombosis?	_____	_____
5.	Have you ever had rheumatic fever?	_____	_____
6.	Do you have diabetes, high blood pressure, or sugar in your urine?	_____	_____
7.	Do you or anyone in your family have high blood pressure, or hypertension?	_____	_____
8.	Do you have more than one blood relative (parent, brother, sister, first cousin) have a heart attack or coronary artery disease before the age of 60?	_____	_____
9.	Have you ever taken any medication to lower your blood pressure?	_____	_____
10.	Have you ever taken medications or been on a special diet to lower your cholesterol level?	_____	_____
11.	Have you ever taken digitalis, quinine, or any other drug for your heart?	_____	_____
12.	Have you ever taken nitroglycerin or any other tablet for chest pain – tablets that you take by placing under your tongue?	_____	_____
13.	Have you ever had an electrocardiogram that was not normal?	_____	_____
14.	Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise?	_____	_____
15.	Are you unaccustomed to vigorous exercise?	_____	_____
16.	Is there any reason not mentioned here why you should not follow a regular exercise program? If so, what is the reason?	_____	_____

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**SMOKING**

Please check, which describes your current habits:

Non use or former user; date quit \_\_\_\_\_

15 or fewer cigarettes per day \_\_\_\_\_  
26-35 cigarettes per day \_\_\_\_\_

16-25 cigarettes per day \_\_\_\_\_  
More than 35 cigarettes per day \_\_\_\_\_

I have read, understood and completed the questionnaire. I certify that the above statements are true and correct. Any questions I had were answered to my full satisfaction. I understand that a Doctor's note may be requested. If a note is requested I should not proceed with the program until the note is received.

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent or Guardian Witness (only if under the age of 19)

\_\_\_\_\_ (Relationship)