HEALTH AND LIFESTYLE QUESTIONNAIRE

Name | DOB | Age | Height | Weight

Email | Phone

Mailing Address

Occupation

Emergency Contact:

Name | Phone

Relation

Medical History

Diabetes ☐ Yes ☐ No

High Blood Pressure ☐ Yes ☐ No

High Cholesterol ☐ Yes ☐ No

Chest Pains ☐ Yes ☐ No

Heart Murmur ☐ Yes ☐ No

Stroke ☐ Yes ☐ No

Aneurysm ☐ Yes ☐ No

Do you experience any of the following during exercise?

Abnormal in any category:

☐ Chest Pain ☐ Shortness of Breath ☐ Pressure over Heart ☐ Tired

☐ Leg Pain ☐ Dizziness ☐ Fainting

Other

Have you had any medical conditions/disorders (metabolic, pulmonary, cardiac) and/or gastrointestinal problems that we should be aware of? ☐ Yes ☐ No

If yes, please further explain, also include approximate dates of problems and major treatments.

Family History

Have any of your first-degree relatives (parents or siblings) experienced the following conditions? In addition, please identify at what age the condition occurred.

☐ High Blood Pressure ☐ Heart Attack ☐ Heart Operations ☐ Diabetes ☐ High Cholesterol

Any other major illnesses? Please further explain the selected items.

Has your physician ever advised you against exercise? ☐ Yes ☐ No

If yes, please further explain.

Are you currently expecting? ☐ Yes ☐ No

Are you in the postpartum phase? ☐ Yes ☐ No

If yes, how much time has passed since childbirth?

Have you engaged in any exercise routines since entering the postpartum phase? ☐ Yes ☐ No

Are you noticing any indications of pelvic floor issues?

☐ Leakage ☐ Urgency to Urinate ☐ Sensation of Something Descending ☐ Tailbone Pain

Are you currently taking any medications? ☐ Yes ☐ No

If yes, please list which medications and what you take them for.

Do you currently smoke or have you quit smoking in the past 6 months? ☐ Yes ☐ No

Do you consume more than 3 alcoholic beverages per day? ☐ Yes ☐ No

Fitness Profile

1. Let's create some SMART goals (Specific, Measurable, Attainable, & Timely). Tell us about your fitness goals.
2. Which three areas of your body or physical capacity would you most like to improve through training?
3. Is there a certain time frame you are trying to reach these goals in?
4. How long have you thought about achieving these goals?

5. What are some reasons you feel you haven't reached them in the past?

6. What type of workouts are you currently doing? What type of workouts have you consistently done in the past (3 or more months in a row)?

7. What are your favorite type of workouts? For example: HIIT, cardio, lifting weights, intense continuous burpees? Would you rather have fun, or get into incredible shape?

8. What are your top 5 favorite exercises?

9. What are your 3 least favorite exercises and why do you dislike them? Be specific!

10. Are there any specific strength or exercise goals that you have always wanted to achieve but have not been able to do? For example "I have always wanted to do a pull up, but I just can't!"

11. IF YOU HAVE BEEN EXERCISING...How long have you been doing these types of workouts?

12. How many days per week do you currently workout? How many days per week would you like to workout?

13. Which days of the week would you like to workout?

14. Please list the equipment you will have regular access to during your workouts, and do you plan to work out at home, a commercial gym, or both? (Online clients only)

15. IF YOU HAVE NOT BEEN EXERCISING... Have you ever done a resistance/strength training (weights) program before? If so, how did you feel at that time?

16. When is the last time you had a personalized program?

17. Have you ever worked with a personal trainer? If so, what did you like and dislike about him/her?

18. Why did you stop working with that trainer?

19. Do you have any plans to take 1 week or more off from training in the next 6 months? For example, family vacation, visitors in town, or major holiday plans? If so, what are the dates?

20. On a scale from 1-10 (1 being the worst 10 being the best), how would you rate your eating habits?

21. How many nights per week do you sleep more than 6.5 hours?

22. At this point in your life, what are your top three areas of stress?

23. What is your number one expectation from working with Forged Kinetics, LLC?

24. What type of music do you like to listen to when you work out? (In person clients only)

Physical Fitness Testing Initial Assessment

To be filled out by trainer

Date

Time

Blood Pressure

Resting Heart Rate

Weight

Body Fat %

Body Mass Index

Pounds of Body Fat

Grip Strength

Injury History

Circumference Measurements:

R/L Arm

Chest

Waist / Belly Button

Hips

R/L Thigh

R/L Calf

Movement Analysis:

Squat Pattern

Push-Up

Hinge

Pull

Goal Exercise / Personal Record

Notes

PROFESSIONAL RECOMMENDATION

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FOUNDATION						
DEVELOPMENT						
CONTINUITY						

RX	OPTION 1	OPTION 2
Recommend Session Frequency		
Recommend Training Duration (Weeks)		
Program Recommendation (Price)		

Notes:

Program Structure & Client Acknowledgment

Forged Kinetics, LLC ("FK") provides in-person fitness and training services designed to improve general strength, conditioning, movement quality, and physical capacity. I understand that all services and programs are non-medical in nature and are not intended to diagnose, treat, cure, or prevent any disease or medical condition.

I acknowledge that FK programming may be delivered through the following general program phases: Foundation, Development, and Continuity.

I understand that progression through these phases is individualized and non-linear, and dependent on factors including attendance, effort, recovery, health status, and adherence to guidance. I acknowledge that results are not guaranteed and that participation does not ensure any specific outcome.

I understand that I am responsible for communicating discomfort, pain, fatigue, or concerns during training and for following safety instructions provided by FK.

Assumption of Risk – Exercise & Communicable Disease Exposure

In addition to the inherent risks of exercise, participation in personal training and group sessions may involve exposure to communicable diseases such as influenza, MRSA, and COVID-19. While FK follows applicable public health guidelines, the risk of illness cannot be eliminated entirely.

By signing below, I acknowledge the contagious nature of communicable diseases and voluntarily assume all risks of exposure or infection, including risks arising from the ordinary negligence of FK or others. I understand that these risks may result from my own actions, the actions or omissions of other participants, or the condition of the premises. I accept sole responsibility for any resulting illness, injury, disability, or death, and I release, covenant not to sue, and hold harmless FK and its representatives from any and all claims related to exposure to a communicable disease.

I further certify that the information provided in this questionnaire is complete and accurate to the best of my knowledge, that I have consulted or will consult a physician before beginning any exercise program, and that any questions I had were answered to my satisfaction.

CONSULT YOUR PHYSICIAN BEFORE BEGINNING ANY EXERCISE PROGRAM

Printed Name of Client

Date

Signature of Client

Printed Name of Parent/Guardian (if under 18)

Date

Signature of Parent/Guardian (if under 18)

Printed Name of Representative from Forged Kinetics, LLC

Date

Signature of Representative from Forged Kinetics, LLC