Name: _____

Date of birth:_____

Date: _____

Address:_____

_____

City: _____

State: _____ Zip: _____

Phone (Cell):_____ (Work): _____

Email address:_____

Health Care Provider: _____

In case of emergency, whom may we contact?

Name: _____

Relationship: _____

Phone:_____

Present/Past History

Check if you've had or presently have any of the following:

☐ Heart attack

☐ Any kind of heart disease or heart surgery

☐ Diabetes

- [ ] Prediabetes
- [ ] High blood pressure
- [ ] Low blood pressure
- [ ] Kidney disease
- [ ] High Cholesterol
- [ ] Lung disease
- [ ] Seizures
- [ ] Cancer
- [ ] Rheumatic fever
- [ ] Recent operation
- [ ] Fainting or dizziness
- [ ] Chest pains
- [ ] Palpitations or tachycardia (unusually strong or rapid heartbeat)
- [ ] Known heart murmur
- [ ] Muscle or joint problems (e.g., back, knee)
- [ ] Edema (swelling of ankles)
- [ ] Pain, discomfort in the chest, neck, jaw, arms, or other areas
- [ ] Unusual fatigue or shortness of breath at rest or with light activity
- [ ] Temporary loss of clear vision or speech or short-term numbness or weakness in one side, arm, or leg of your body
- [ ] Shortness of breath while lying down, at night or that comes on suddenly

☐ Intermittent claudication (calf cramping)

☐ Other (please describe): _____

_____

Family History

Check if any of your first-degree relatives (parent, sibling, or child) experienced the following conditions? Please include below at what age the condition occurred.

☐ Heart attack

☐ Congenital heart disease

☐ High blood pressure

☐ High cholesterol

☐ Heart surgery

☐ Diabetes

☐ Other major illness: _____

Explain checked items: _____

_____

Activity History

1. Why have you decided to seek exercise guidance at this time? (Please be specific.)

   _____

2. Were you referred to this program?

☐ Yes By whom: _____

☐ No

3. Have you ever worked with a personal trainer before?

☐ Yes

☐ No

4. Date of your last physical examination performed by a physician: _____

5. Do you participate in a regular exercise program currently?

☐ Yes

☐ No

If yes, briefly describe: _____

6. Can you currently walk 2 miles briskly without fatigue?

☐ Yes

☐ No

7. Have you ever performed strength training exercises in the past?

☐ Yes

☐ No

8. Do you have injuries (bone/muscle disabilities) that may interfere with exercising?

☐ Yes

☐ No

If yes, briefly describe: _____

9. Do you smoke?

☐ Yes

☐ No

If yes, how much per day and what was your age when you started?
_____

10. What is your body weight now? _____ What was it one year ago? _____ At age 21? _____

11. How tall are you? _____

12. Do you follow, or have you recently followed any specific dietary intake plan and, in general, how do you feel about your nutritional habits? _____

_____

13. List any medications you are presently taking. _____

_____

14. What are your personal health or fitness goals? _____

_____

_____