

FITNESS DEPARTMENT HEALTH ASSESSMENT

NAME _____ BIRTHDATE _____

AGE _____ OCCUPATION _____

ADDRESS _____

PHONE _____ EMAIL _____

PHYSICIAN _____ PHONE _____

In Case of Emergency Notify _____ PHONE _____

MEDICAL HISTORY

Do you have any of the following? (Please respond with a Y or a N)

____ High Blood Pressure ____ Chest Pain or Tightness ____ Osteopenia ____ Osteoporosis

____ Shortness of breath, or difficulty in breathing ____ Heart Palpitations or irregular rhythms

____ Blood vessel or heart disease ____ Respiratory Problems (ie: asthma, emphysema, etc.)

____ Medications (OTC or prescriptions) ____ Diabetes ____ Allergies ____ Are up pregnant?

____ High Cholesterol/high T.C./low HDL/high LDL ____ Any Recent Operations (last 5 years)

____ Is there anything not listed that may limit or preclude activities?

Please explain any yes answers to the questions above:

MUSCULOSKELETAL

Do you experience any muscle, joint, or skeletal pain; or have you had any injuries/ailments within the past 5 years? Describe:

Check the Area(s) that are or have been affected and describe below:

____ head/neck ____ shoulder/arm ____ Hip/pelvis ____ Upper or lower back ____ abdomen ____ ankle/foot
____ knee/leg ____ wrist/hand

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HEALTH AND LIFESTYLE HABITS

- 1) Do you currently smoke cigarettes, cigars, pipe, or chew tobacco? _____ NO _____ YES _____ Quantity
- 2) Approximately how many alcoholic drinks do you consume per week? _____ None _____ 1-3 _____ 4-8 _____ 9+
(1 drink = 1 oz liquor, 6 oz wine, 12 oz beer)
- 3) What is your daily intake of caffeine? _____ cups coffee _____ cups tea _____ cups soda
- 4) Are you presently following any type of "diet"? _____ NO _____ Yes Please describe below:
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GOALS AND OBJECTIVES

What are your health and fitness objectives? Please check all that apply:

- _____ improve flexibility _____ Improve balance/coordination _____ improve core stability _____ lose weight
_____ resistance/muscular strength training _____ cardio-respiratory conditioning _____ Injury prevention
_____ sport specific training _____ improve nutritional habits _____ decrease body fat
_____ tone/firm body _____ reduce stress _____ look and feel better _____ increase energy _____ other

Please explain any specific goals:

EXERCISE PROFILE

What type of activities are you interested in? Please check all that apply.

- _____ aerobic classes _____ cycling/spinning _____ running _____ racquetball _____ rowing/sculling
_____ Nordic track _____ weight training _____ yoga _____ walking _____ hiking _____ squash
_____ skiing (water, downhill, cross country) _____ stair climbing _____ water exercise
_____ pilates _____ jogging _____ tennis _____ golf _____ treadmill _____ swimming

- 1) What activities are you currently engaged in? _____
- 2) How many days/week do you exercise? _____ What is the avg. time spent per exercise session? _____
- 3) How long have you been doing the above activities? _____
- 4) How much time are you able to commit to your exercise program? _____ days/wk _____ min/day

Signature _____ Date _____

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