

CLIENT'S NAME: _____ DATE: _____

Please fill out the following form as completely as possible.
 If you have any questions please ask your trainer for assistance, DO NOT GUESS!

Physician's Name: _____ Phone: _____

Is your doctor aware that you are participating in this exercise program? **YES** **NO**

Do you now, or have you had in the past?:

- | | | |
|------------------------------------------------------------------------|------------|-----------|
| 1. Increased blood pressure or blood cholesterol | YES | NO |
| 2. Any chronic illness/condition or medical disorder | YES | NO |
| 3. Advice from your doctor not to exercise | YES | NO |
| 4. Recent surgery (within the last 12 months) | YES | NO |
| 5. Pregnancy (now or within the last 3 months) | YES | NO |
| 6. Lung or breathing problems | YES | NO |
| 7. Diabetes or a thyroid condition | YES | NO |
| 8. Cigarette smoking habit | YES | NO |
| 9. Family history of heart problems | YES | NO |
| 10. Hernia, or any condition that may be aggravated by lifting weights | YES | NO |

Please explain any question to which you answered "YES" _____

Please rate your exercise level on a scale of 1 to 5 ("5" indicating very strenuous) for each age range through your present age: 15-20 yrs: _____ 21-30 yrs: _____ 31-40 yrs: _____ 41-50+ yrs: _____

Were you a high school and/or college athlete? **NO** **YES** --- If yes please specify _____

Are you currently involved in regular endurance (cardiovascular) exercise? **NO** **YES** --- If yes please specify type of exercise: _____ for _____ minutes per day for _____ days per week.

Rate your perception of the exertion of your exercise program (*circle one*): **Light** **Fairly Light** **Somewhat Hard** **Hard**

How long have you been exercising regularly? _____ Months _____ Years

Rank your goals in undertaking exercise. Use the following scale to rate each goal.

	Extremely Important				Somewhat important				Not at all important	
a. Improve cardiovascular fitness	1	2	3	4	5	6	7	8	9	10
b. Body-fat weight loss	1	2	3	4	5	6	7	8	9	10
c. Reshape or tone my body	1	2	3	4	5	6	7	8	9	10
d. Improve performance for a specific sport	1	2	3	4	5	6	7	8	9	10
e. Improve moods and ability to cope with stress	1	2	3	4	5	6	7	8	9	10
f. Improve flexibility	1	2	3	4	5	6	7	8	9	10
g. Increase strength	1	2	3	4	5	6	7	8	9	10
h. Increase energy level	1	2	3	4	5	6	7	8	9	10
i. Feel better	1	2	3	4	5	6	7	8	9	10
j. Enjoyment	1	2	3	4	5	6	7	8	9	10
k. Other _____	1	2	3	4	5	6	7	8	9	10

By how much would you like to change your current weight? (+) _____ pounds (-) _____ pounds