Participant Information

Name_______________________________ Date__________
Address_______________________________
City_________________________
Phone______________________ Email__________________
Sex____________ Age______ Birthdate______________

Cancer History

Type of Cancer____________________ Date of diagnosis________
Physician Name(s)_________________________________
Surgery (Please include site(s) and date(s))

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Treatment Type(s)_________________________________
Date of last treatment____________
Treatment remaining________________________________

General Health History

Check if you have ever had any of these conditions or risk factors:

- Coronary Heart Disease
- Heart Attack
- Abnormal Heart Rhythms
- Angina (chest pain)
- Stroke
- Rheumatic fever
- Smoking
- High Blood Pressure
- High Cholesterol
- Diabetes
- Sedentary Lifestyle
- Emphysema
- Chronic Bronchitis
- Asthma
- Arthritis
- Gout
- Embolism
- Ulcer
- Kidney Disease
- Epilepsy
- Dizziness/Fainting
- Other ____________

1. Do you have any immediate relatives (parents or children) who have heart disease or conditions? Y / N If yes, please explain:

2. Are you presently under a doctor's care for any other health conditions? Y / N If yes, please explain:

3. Are you presently on any medications? Y / N
If yes, please list meds and purposes for each:

Exercise History

1. What is your exercise history?

2. Are you currently involved in regular physical activity? Y / N
If yes, which activities and how often:

3. Do you participate in any recreational activities? Y / N
If yes, which activities and how often:

Do you have any conditions or past injuries that cause pain or limit the range of motion of your joints or spinal column and may be aggravated by exercise? Y / N
If yes, please explain:

Please check all that apply for you personal exercise goals:

- o Health improvement
- o General conditioning
- o Cardio conditioning
- o Strength improvement
- o Flexibility improvement
- o Balance improvement
- o Rehabilitation
- o Weight loss or management
- o Stress management
- o Recreational/social
- o Other____________________
- o Sport Conditioning

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Additional Notes:

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