WELL-fit

Participant Information

Name _____ Date _____

Address _____

Phone _____ Email _____

Sex _____ Age _____ Birthdate _____

Emergency Contact

Name/Relation _____ Phone _____

Cancer History

Type of cancer _____ Date of diagnosis _____

Physician name(s) _____

Surgery (please include sites and dates) _____

_____

Treatment type(s) _____

Treatment remaining _____

Date of last treatment _____

General Health History

Check if you have ever had any of these conditions or risk factors
Please explain below with more detail

- ☐ Coronary Heart Disease
- ☐ Heart Attack
  - ☐ Immediate relatives with heart disease or conditions
- ☐ 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 _____

Explain _____

_____

_____

_____

_____

_____

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

_____

_____

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

_____

_____

_____

Exercise History

What is your exercise history? _____

_____

Are you currently exercising regularly? **Y / N** If yes, what activities and how often?

_____

_____

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

_____

_____

Do you have any conditions, current or past injuries that cause pain or limit the range of motion of your joints or spinal column? Please explain. _____

_____

_____

Goals

Check all that apply for your personal exercise goals:

- ☐ Health improvement
- ☐ General conditioning
- ☐ Cardio conditioning
- ☐ Strength improvement
- ☐ Flexibility improvement
- ☐ Balance improvement
- ☐ Rehabilitation
- ☐ Weight loss or management
- ☐ Stress management
- ☐ Recreational/social
- ☐ Sports conditioning
- ☐ Other: _____

What is your goal for this CWF session? What do you want out of your time with CWF?

_____

_____

What is your 6-12 month health and/or fitness goal? Consider SMART goals: **S**pecific, **M**easurable, **A**ttainable, **R**elevant, **T**ime-bound _____

_____