# HEALTH & FITNESS PROFILE FORM

**NAME** _____ **MEMBER #**_____ **PHONE #**_____
**EMAIL:** _____ **DOB:** _____
**FITNESS STAFF:** _____ **DATE OF 1ST APPT**_____ **DATE OF 2ND APPT**_____

## Orthopedic

1. **Do you have any of the following conditions that may limit your physical activity?** (check all that apply)

___ Ankle/Foot Injury ___Bone Fracture ___Shoulder/Clavicle Injury ___Arthritis ___ Low Back Pain

___Arm/Elbow Injury ___Knee/Thigh Injury ___Hip/Pelvic Injury ___Calcium Deposits ___Nerve Damage

___Upper Back Injury ___Head/Neck Injury ___Wrist/Hand Injury ___Tennis Elbow ___Other

If **other**, please explain: _____

## Medical History

**1. Please check if applicable**

| | **YES** | **NO** | **If Yes, Describe** |
|---|---|---|---|
| Diabetes | ____ | ____ | _____ |
| High Blood Pressure | ____ | ____ | _____ |
| High Cholesterol | ____ | ____ | _____ |
| Smoke or use tobacco products | ____ | ____ | _____ |
| Angina/Chest Pain | ____ | ____ | _____ |
| Heart Murmur | ____ | ____ | _____ |
| Irregular Heart Beats | ____ | ____ | _____ |
| Abnormal Electrocardiogram | ____ | ____ | _____ |
| Rheumatic Fever | ____ | ____ | _____ |
| Thrombophlebitis | ____ | ____ | _____ |
| Respiratory Infections | ____ | ____ | _____ |
| Asthma | ____ | ____ | _____ |
| Embolism | ____ | ____ | _____ |
| Aneurysm | ____ | ____ | _____ |
| Stroke | ____ | ____ | _____ |
| Valve Disease | ____ | ____ | _____ |
| Heart Attack | ____ | ____ | _____ |

**2. When exercising, including climbing stairs, do you ever experience any of the following:**
___ Chest Pain ___Shortness of Breath ___Pressure over the Heart ___ A Tired-Out Feeling ___Leg Aches
___Dizziness

**3. Has your physician ever advised you against exercise?** ____Yes ____No

**4. Are you presently receiving physical therapy?** ____Yes ____No

**5. Female members– Are you currently pregnant?** ____Yes ____No How many months? _____

**6. Are you presently taking any medications?** ____Yes ____No
If **Yes**, please list names & dosages of each: _____
_____
_____

**7. What area if the club do you plan to utilize? (Please check all that apply)**

☐ **Group Exercise** ☐ **Courts** ☐ **Pool** ☐ **Fitness Floor**

## Fitness Profile– *to be filled out with the trainer*

**1. Occupation_____ # Hours Sitting_____**

**2. What are your personal exercise program goals?**
___Weight Control/Loss ___Staying in Shape ___Stress Reduction ___Increasing Strength ___Cardiovascular Conditioning
___Doctor Recommended ____General health ____Other
If **other**, please specify:_____

**2. Have you ever begun an exercise program and then stopped? Yes or No**
How many times? _____

When?

Why did you stop?

**4. What type of exercise interests you? (please circle all that apply)**

| | | | | | |
|---|---|---|---|---|---|
| Walking | Squash | Football | Basketball | Dance | Group Exercise |
| Hiking | Racquetball | Soccer | Yoga | Rowing | In-Line Skating |
| Cycling | Handball | Baseball | Pilates | Water Activities | Martial Arts |
| Jogging | Tennis | Lacrosse | Stretching | Swimming | Strength Training |

Other:_____

**5. Have you worked with a personal trainer before? Yes/No**
Why or why not?

**6. How many days per week do you plan to commit to your program? _____ Hours per day? _____**

**7. Indicate your daily activity level**
(sedentary) 1 2 3 4 5 6 7 8 9 10 (strenuous)

**8. Indicate how you are dealing with daily stress.**
(not coping well) 1 2 3 4 5 6 7 8 9 10 (coping well)

**9. Have you ever had a cardiac stress test?** ____Yes ____No
If **Yes**, date of most recent test/results: _____

**10. Indicate your energy level.**
(extremely low) 1 2 3 4 5 6 7 8 9 10 (extremely high)

**11. How many hours of sleep do you normally get per night? _____**

**12. Do you have trouble sleeping? Yes / No**

**13. Do you smoke? Yes / No**
**14. Have you attempted to quit smoking within the last 6 months? Yes / No**

**15, Do you follow any special diet at the present time?** ____Yes ____No
If **Yes**, what type? ___Low Cholesterol/Low Fat ___Low Salt ___Reduced Calorie ___Liquid Diet ___Other
If **other**, please specify: _____

**16. Any additional information or comments before beginning your exercise program?**
_____

_____