

Personal Coaching Health Screening Questionnaire

Personal Information

Today's date: _____ Title: ODR. ___ Mr. ___ Mrs. ___ Ms. ___

Name: _____

Address: _____

City: _____

Email: _____

Occupation: _____

Gender: Male _____ Female _____

Height: _____ Weight: _____

Person to contact in case of emergency _____

Tel: _____

Physician's Name: _____

Tel: _____

Medical History Please indicate if any of these statements apply to you by placing YES in the space provided

Birth date: _____

Age: _____ Phone: (Home) _____ Phone: (Work) _____

Phone: (Cell) _____

(* past or current): **PLEASE CIRCLE**

1. History of heart problem (i.e. Chest pain, heart murmur, or stroke)
2. Diabetes Mellitus
3. Asthma, breathing, or lung problems
4. Allergies
5. Cancer (other than skin)
6. Seizures, seizure medication, neurological problems, dizziness
7. High blood pressure
8. Back problems, joint or muscle disorder still affecting you
9. Recent surgery (last 12 months)
10. Hernia or any condition that may be aggravated by exercise
11. Physician's advice not to exercise
12. History of high cholesterol

13. Family history of coronary heart disease? _____

14. Do you smoke tobacco products? _____

15. Do you consume alcohol? _____?

16. Do you take supplements of any kind? _____

17. Are you on medication? _____

18. Do you have joint problems that might be aggravated by exercise?

19. Is stress from daily living an issue in your life? _____

Skeletal Injuries

Back _____

Neck _____

Head _____

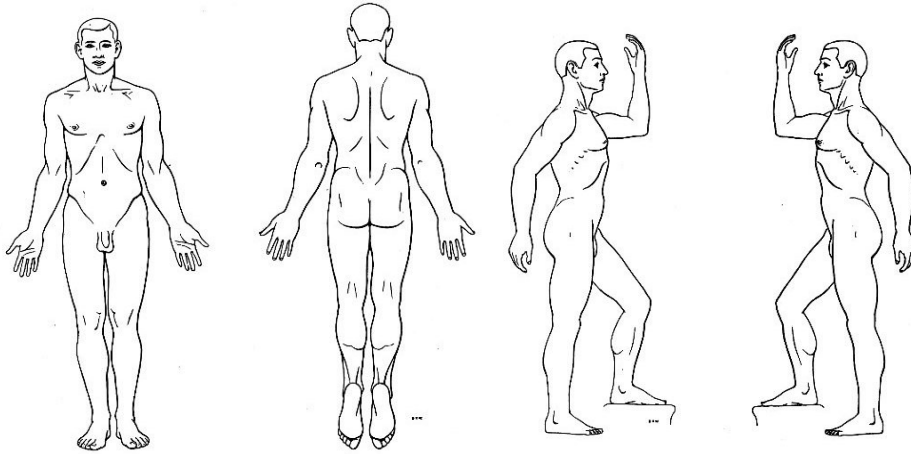
Knee(R, L)

Shoulder(R, L)

_____?

Other injuries:

_____?



Please Circle Any Areas of Pain, Tension, Injury, Or Restriction of Movement

Surgery:

Please describe any special considerations or how your injury currently affects your ability to function: (i.e. Illness or Injury)

Please talk with your doctor by phone or in person before you start any new training program or have a fitness assessment. Tell your doctor about your health questionnaire and which questions you answered yes.

Goals

1. What are your concerns and goals? example: fat loss, strength, power, muscular endurance, cardio fitness, flexibility, agility, core stability or balance, Sports Performance Improvement, etc...

2. Why do you want to achieve these goals? (Examples: general health, injury prevention/rehab, sport –specific training, aesthetic reasons)

3. What areas do you want to concentrate on or emphasize? (i.e. specific areas to strengthen, joint stability, cardio or core conditioning)

Fitness History

4. How long has it been since you have exercised regularly? (2 or more times/week).

5. Do you have experience with free weights or functional stability training?

6. What type of cardiovascular exercise are you familiar with?

7. If you are an experienced exerciser or athlete, what exactly is your current program? _____

8. Are there any exercises that are contraindicated or not recommended by your physician or physical therapist? _____

9. How would you describe your level of daily activities? Please check one. Light (office work)___ Moderate(Manual labor)___ Heavy (construction)___

10. Stress (high=5, low=1) please circle one. ☐Physical12345
Personal/Emotional12345 Mental/Career12345

11. Present method of handling stress:

12. Number of hours of sleep per night? _____

13. What is your available time and frequency for exercise?☒

What days: M T W TH F☒What times: AM _____ PM _____☒

14. Any special considerations or requests?

Personal Coaching Agreement

I am purchasing the services of FACT Fitness and Robert Otis III and to design a program to aid in sports performance improvement, and/or weight management to enhance my fitness goals. I will not hold FACT Fitness or Robert Otis III personally liable for any problems, illnesses or injuries that might occur due to a sudden change in my eating or exercise habits. This program does not replace the advice of a medical doctor, registered dietitian or other medical provider or treatment. I have revealed any and all necessary information about myself to prevent any possible complications to FACT Fitness and Robert Otis III.

Signature _____

Date _____