

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

NAME _____ DATE _____

MEMBERSHIP NUMBER _____ PHONE _____

EMAIL _____

GENERAL INFORMATION

Has a doctor ever told you that you have a heart condition and that you should only perform physical activity recommended by a doctor? Yes No

Do you feel pain in your chest when you perform physical activity? Yes No

In the past month, have you had chest pain when you were not performing physical activity? Yes No

Do you lose your balance because of dizziness or do you ever lose consciousness?..... Yes No

Do you have a bone or joint problem (i.e. shoulder, knee or back) that could be made worse by a change in physical activity? Yes No

Is your doctor currently prescribing drugs for a blood pressure or heart condition?..... Yes No

Do you require special needs or assistance? Yes No

If yes, please explain: _____

Have you ever had any surgeries that limit you? Yes No

If yes, please explain: _____

Do you know of any reason why you should not perform physical activity? Yes No

If yes, please explain: _____

If you answered yes to any of the above questions, please consult your physician as to what type of activity is suitable for you. We require a physician's referral before beginning an exercise program.

MEDICAL HISTORY

Please indicate whether you have had any of the following medical problems:

- | | | | | |
|---------------------------------------|--|---|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures/Epilepsy | <input type="checkbox"/> Cancer | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Other _____ | |

INJURY HISTORY

Have you had an injury or condition in any of the following areas which may limit your physical activity?

- | | | | | |
|---------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Clavicle | <input type="checkbox"/> Arm |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Wrist | <input type="checkbox"/> Hand | <input type="checkbox"/> Hip | <input type="checkbox"/> Pelvis |
| <input type="checkbox"/> Back | <input type="checkbox"/> Knee | <input type="checkbox"/> Thigh | <input type="checkbox"/> Ankle | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Nerve Damage | | | |

If you checked any of the items listed above, we recommend that you schedule a complimentary screening with AthletiCo Physical Therapy before your first scheduled appointment.

LIFESTYLE QUESTIONS

Do you smoke cigarettes, tobacco or pipes?..... Yes No

Are you pregnant?..... Yes No

If yes, how far along are you? _____

What types of workouts do you want to receive outside of your coaching sessions?

- Cardiovascular Strength Stretching
 Mobility Circuit Training Other _____

How much time are you willing to devote to an exercise program? _____ Minutes per day _____ Days per week

Describe your current fitness regimen: _____

Which areas do you emphasize during your workout?

- Chest Shoulders Abdominals Calves Biceps
 Hamstrings Quadriceps Triceps Lower Back Back
 Neck All of the Above Other _____

FITNESS GOALS

List three reasons, if possible, why you are here today.

1. _____

2. _____

3. _____

If there are any changes to my current level of health, I will inform my fitness professional. EBC has a 24-hour cancellation policy; I understand that if I cancel within 24 hours I will be charged for the appointment unless it can be filled.

Signature

Date