EAST BANK CLUB

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:

☐ Asthma ☐ Seizures/Epilepsy ☐ Cancer ☐ Osteoporosis ☐ Stroke

☐ Heart Attack ☐ Arthritis ☐ Lung Disease ☐ Diabetes ☐ Heart Disease

☐ Hypoglycemia ☐ High Blood Pressure ☐ High Cholesterol ☐ Other _____

INJURY HISTORY

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

☐ Head ☐ Neck ☐ Shoulder ☐ Clavicle ☐ Arm

☐ Elbow ☐ Wrist ☐ Hand ☐ Hip ☐ Pelvis

☐ Back ☐ Knee ☐ Thigh ☐ Ankle ☐ Foot

☐ Hernia ☐ 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? _____

Please list any current activities that you are involved in that you consider exercise.

Activity	Days/week	Minutes/session	# months
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What strength training equipment do you use?

☐ Free Weights ☐ Selectorized Machines ☐ Group Exercise Classes

☐ Cardiovascular Equipment ☐ Other _____

Describe your strength training regimen: _____

_____

How many sets per exercise do you perform?

☐ 1 - 3 sets ☐ 4 - 6 sets ☐ 7 or more sets

How many repetitions do you normally perform per set?

☐ 6 or less ☐ 6 - 10 reps ☐ 8 - 12 reps ☐ 12 - 15 reps ☐ 15 - 20 reps ☐ 20 or more

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._____

What do you want to focus on?

Please rate each item below on a scale of 1 to 5 with 1 being extremely important and 5 being not important.

___ Improve cardiovascular fitness ___ Body-fat weight loss ___ Improve sport specific performance

___ Reshape or tone body ___ Increase strength ___ Improve mood and reduce stress

___ Improve flexibility ____ Increase energy level ___ Enjoyment ___ Other _____

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

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