

PARQ/Health and Exercise History

Name:

Age:

Height:

Weight:

Goal:

1- Has your doctor ever diagnosed you with a heart condition? Or has your doctor ever recommended specific exercises for a pre-existing heart condition?

2- Do you ever feel pain in your chest upon exertion?

3- Have you had any chest pain in the last month without exertion?

4- Do you lose your balance from dizziness or have lost consciousness?

5- Do you have any bone or joint problems and do they cause you pain? If so please explain...

6-Is your doctor currently prescribing any medications for blood pressure, thyroid, diabetes, cholesterol or heart conditions? Are you taking any medications at all?

7- Are there any reasons why you should not engage in physical activity?

8- What do you hope to accomplish with your workout? What are your goals?

9- Have you been physically active in the past?

10- How long and what type of workout do you do? Cardio? Resistance training?

11- What is your current occupation?

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12- Does it require repetitive movements, extended periods of sitting or use of a uniform?

13- Do you have any recreational activities?

14- Have you had any surgeries, illnesses or injuries in the past 2 years?

15- How many hours of sleep do you get each evening?

16- On a scale of 1-10 how much stress do you have in your life, 1 being almost none to 10 being very stressful?

17- Give an example of your diet for:

Breakfast

Lunch

Dinner

18- Are you currently taking any supplements or vitamins? If so please explain.

19- How much water do you consume in a day?

20- How committed are you to a new program on a scale of 1-10, 1 being least committed, 10 being completely committed.

21- Did I leave anything out? Please share if you have any other concerns, objections or issues regarding a new fitness/weight loss regime.

22- Please detail what days/times you are available to train? Are you available more than once a week?

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