



# Practical Fitness & Wellness

MANAGEMENT • FITNESS • RESULTS

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Name

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Address

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City State Zip

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Daytime phone Evening phone

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Email Fax

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Fitness Goals

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## Fitness History

Are you on a strength-training program at least twice a week?  yes  no  
If yes, how long?  under 3 months  approx. 6 months  1 year or more

Are you on a cardiovascular program at least 3 times a week?  yes  no  
If yes, how long?  under 3 months  approx. 6 months  1 year or more

Please list any fitness activities (jogging, cycling, strength training) that you participate in regularly.  
Identify each exercise and time devoted per session (e.g. 30 min, 45 min, 1 hour)

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and for how long?  under 3 months  approx. 6 months  1 year or more

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and for how long?  under 3 months  approx. 6 months  1 year or more

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and for how long?  under 3 months  approx. 6 months  1 year or more

## Health History

Do you experience any back or neck discomfort?  yes  no

If yes, please explain \_\_\_\_\_

Do you experience any shoulder pain or have a back diagnosed injury?  yes  no

If yes, please explain \_\_\_\_\_

Do you currently experience knee pain or have a lower body diagnosed injury?  yes  no

If yes, please explain \_\_\_\_\_

Have you had surgery or been diagnosed with any disease in the past three months?  yes  no

If yes, please explain \_\_\_\_\_

Are you currently on any medication that might affect an exercise program?  yes  no

If yes, please explain \_\_\_\_\_

Are you pregnant or might you become pregnant in the immediate future?  yes  no

**Check off your major coronary risk factors (as described by the American College of Sports Medicine)**

**Dyslipidemia: total cholesterol:**

over 200 mg/dl LDL p over 130 mg/dl.  HDL less than 40 mg.dl, or on  lipid medication

**Hypertension:**  systolic BP > 140 mmHg  diastolic BP > 90

**Cigarette smoking:**  current smoker  stopped within the past 6 months

**Impaired fasting glucose:**  (fasting glucose level> 100mg/dl

**Obesity:**  body mass index >30  waist/hip ratio greater than 0.95 for men and 0.86 for women)

**Sedentary lifestyle** (person who does not participate in a regular exercise program)

**Family history of heart attack or heart surgery** before the age of 55 on the male side of the family and before the age of 65 on the female side of the family. ?  yes  no

If yes, please explain \_\_\_\_\_

Are you a male and under the age of 45 or female under the age of 55 who is asymptomatic and have no more than one risk factor ?  yes  no

If no, please explain \_\_\_\_\_

**If you are male and over the age of 45 or if you are female over the age of 55 and/or have two major risk factors – it is recommended you receive medical clearance prior to starting a vigorous exercise program. If you have any known cardiovascular, pulmonary, or metabolic disease you will need medical clearance prior to starting your exercise program.**

I have fully read/understood the above document and filled it in truthfully:

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Medical clearance supplied (if necessary)** Date \_\_\_\_\_

No physician clearance required for this person to engage in a program of moderate physical activity.

Form evaluated by \_\_\_\_\_ Date \_\_\_\_\_