

Trainer/Coach: _____

Fitlinxx ID#: _____

Today's Date: _____

MEMBER INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Nickname: _____ Date of Birth: _____ Weight: _____ Gender: _____
(OPTIONAL)

Home Phone: _____ Other Phone: _____

Do you exercise regularly 2-3 times a week? _____

If "yes", have you been doing so consistently for the last 6-months or longer? _____

HEALTH CONDITIONS:

Cardiovascular:

- ___ Chest Discomfort (Angina)
- ___ Coronary Bypass
- ___ Current Heart Murmur
- ___ Congestive Heart Failure
- ___ Extra, Skipped or rapid heart beat
- ___ Heart Attack
- ___ High Blood Pressure
- ___ High Cholesterol
- ___ Peripheral Vascular Disease
- ___ Low Blood Pressure
- ___ Phlebitis or Emboli
- ___ Rheumatic Fever
- ___ Stroke
- ___ Stroke- TIA

Pulmonary:

- ___ Allergies
- ___ Asthma
- ___ Asthma (Exercise Induced)
- ___ Bronchitis

(Pulmonary Continued)

- ___ Chronic Recurring Cough
- ___ Emphysema
- ___ Pneumonia
- ___ Pulmonary Edema

Musculoskeletal:

- ___ Ankle Swelling
- ___ Back Problems
- ___ Broken Bones (recent)
- ___ Fibromyalgia
- ___ Foot Problems
- ___ Joint Replacement
- ___ Knee Problems
- ___ Limited ROM in joints
- ___ Lupus
- ___ Multiple Sclerosis
- ___ Neck Problems
- ___ Osteoarthritis
- ___ Osteoporosis
- ___ Rheumatoid Arthritis
- ___ Shoulder Problems
- ___ Swollen, Sore or Painful Joints

Other:

- ___ Anemia
- ___ Cancer
- ___ Depression
- ___ Diabetes
- ___ Epilepsy or Seizure
- ___ Hearing Impairment
- ___ Hypoglycemia
- ___ Parkinson's
- ___ Post-Natal
- ___ Pregnant
- ___ Pre-Pregnancy
- ___ Previous Heat Stroke
- ___ Smoking (Quit: _____)
- ___ Thyroid Problems
- ___ Vision Impairment/Cataracts

Other Health Conditions & Surgeries:

PARTICIPANT QUESTIONS*:

1. Are you over 65 and not accustomed to vigorous exercise? ___ Yes ___ No
2. Do you frequently have pains in your heart and chest? ___ Yes ___ No
3. Do you often feel faint or have spells of severe dizziness? ___ Yes ___ No
4. Has a doctor ever said that your blood pressure was too high? ___ Yes ___ No
5. Has a doctor ever told you that you have a bone or joint problem, such as arthritis that has been aggravated by exercise? ___ Yes ___ No
6. Has a doctor ever told you that you have a metabolic condition, such as diabetes, thyroid, liver problems? ___ Yes ___ No
7. Has your doctor ever said that you have heart trouble? ___ Yes ___ No
8. Are you pregnant? ___ Yes ___ No
9. Is there any physical reason not mentioned here why you should not follow an activity program even if you wanted to? ___ Yes ___ No

***IF YOU CHECKED ANY OF THE ABOVE MEDICAL CONDITIONS OR ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, MEDICAL CLEARANCE MAY BE NECESSARY PRIOR TO STARTING AN EXERCISE PROGRAM.**

CONTACT INFORMATION:

PRIMARY EMERGENCY CONTACT:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

PHYSICIAN:

NAME: _____ PHONE: _____ SPECIALTY: _____

LIST CURRENT MEDICATIONS TAKEN AND REASON:

LIFESTYLE HISTORY

1. How often do you perform aerobic/cardio exercise?
 More than 6 times per week
 4 to 5 times per week
 3 to 4 times per week
 1 to 2 times per week
 time per session
 none
2. At what intensity level do you exercise?
 High Intensity
 Moderate Intensity
 Low Intensity
3. How often do you perform strength-training exercises?
 More than 5 times per week
 3 to 4 times per week
 1 to 2 times per week
 time per session
 none

WORKOUT HISTORY: Have you exercised...

In a fitness facility? Yes No

Using cardiovascular equipment? Yes No
If so, (circle) Treadmill Bike Cross Trainer other

Using strength training equipment? Yes No

Using free weights? Yes No

ACTIVITIES OF INTEREST:

GROUP EXERCISE ON LAND

GROUP EXERCISE IN WATER

MIND/BODY CLASSES (yoga, pilates, nia etc.)

INDOOR CYCLING

GROUP STRENGTH TRAINING CLASSES

ARTHRITIS CLASSES (land & water)

PARKINSONS

ACTIVE OLDER ADULT CLASSES

GENTLE MIND/BODY CLASSES

LONG- TERM GOALS:

1. _____

2. _____

3. _____

4. _____

Your Signature: _____ Date: _____



Investing in a YMCA certified Personal Trainer can help you achieve your fitness goals faster and hold you more accountable to your health!
I would like to receive more information on personal training (please check):



YES NO