

# Health & Fitness Screening

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (H) \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Emergency  
Contact \_\_\_\_\_ Phone (H) \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

## ◆ YOUR HEALTH HISTORY

1. Has your doctor ever said your blood pressure was too high? \_\_\_\_\_ Too low? \_\_\_\_\_
2. Do you have diabetes? \_\_\_\_\_
3. Do you smoke? \_\_\_\_\_ How much? \_\_\_\_\_
4. Has your doctor ever told you your cholesterol was too high? \_\_\_\_\_
5. Are you taking any prescribed medications or dietary supplements? \_\_\_\_\_ If so, what? \_\_\_\_\_
6. Are you pregnant? \_\_\_\_\_ If so, what month? \_\_\_\_\_
7. Do you have any injuries or orthopedic conditions (bursitis, bad back, bad knees, etc.)? \_\_\_\_\_ If so, what? \_\_\_\_\_
8. Have you had any surgeries in the past 5 years? \_\_\_\_\_ If so, what? \_\_\_\_\_
9. Have you experienced any dizziness? \_\_\_\_\_ Do you have a heart murmur? \_\_\_\_\_
10. Do you have any known cardiovascular troubles (abnormal ECG, arteriosclerosis, previous heart attack, etc.)? \_\_\_\_\_ If so, what? \_\_\_\_\_
11. Date of your last physical or check-up? \_\_\_\_\_
12. Are you overweight? \_\_\_\_\_ How much? \_\_\_\_\_ What is your ideal weight? \_\_\_\_\_
13. What is your occupation? \_\_\_\_\_ Hours per week? \_\_\_\_\_  
What is your stress level? Low \_\_\_\_\_ Medium \_\_\_\_\_ High \_\_\_\_\_
14. How many colds per year do you get? \_\_\_\_\_
15. What is your caffeine intake per day (coffee, soda, tea)? \_\_\_\_\_
16. What is your alcohol intake per week? \_\_\_\_\_
17. Workout schedule availability? Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_  
Workout times? 5-7 a.m. \_\_\_ 7-9 a.m. \_\_\_ 9-11 a.m. \_\_\_ 11 a.m.-1 p.m. \_\_\_ 1-3 p.m. \_\_\_ 3-5 p.m. \_\_\_ 5-7 p.m. \_\_\_
18. Do you have any other medical conditions or limitations not previously mentioned? \_\_\_\_\_ If so, what? \_\_\_\_\_
19. Are you currently involved in an exercise program? \_\_\_\_\_ If so, what? \_\_\_\_\_
20. What is your short-term goal (up to 3 months)? \_\_\_\_\_  
What is your long-term goal (up to 1 year)? \_\_\_\_\_

## ◆ YOUR CONSENT

I acknowledge, to the best of my ability, that I am in good health and have no known medical limitations that would restrict my ability to participate in an exercise program.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Today's the day! Contact Paul Holubets, CPT, to schedule your personal training sessions at (512) 363-3637 or paul@paulholubets.com.**