

Personal Information

General Information

First Name: _____ Last Name: _____

Address: _____ City, State, Zip _____

Phone #: _____ Screen name: _____

Sex: M/F Age: ____ Birth date: __/__/____ email: _____

Physician's Name: _____ Physician's Phone: _____

Emergency Contact: _____ Phone # _____

Health History

Please read the following list and answer honestly to all of the questions by placing a 'YES' or 'NO' on each line. Please note that if the line is followed by an '*', a Medical Clearance Form is required before your exercise testing and program can begin. All information is given on a voluntary basis.

Cardiovascular Risk Assessment

Do you:

- | | |
|--|------------------------------------|
| ____ Have a history of Heart disease?* | ____ Have Diabetes?* |
| ____ Have high cholesterol?* | ____ Smoke Cigarettes? |
| ____ Have high blood pressure?* | (or quit within the last 6 months) |
| ____ Have a family history of heart disease? | |

Other Conditions

Do you have:

- | | |
|---|---------------------------------------|
| ____ Epilepsy or Seizures?* | ____ Recent Surgery (past 6 months)?* |
| ____ Breathing or Lung Problems | If yes, what type? _____ |
| (such as asthma or Chronic Obstructive Pulmonary Disease)?* | |
| ____ Recently released from physical therapy?* | |
| ____ Recent or present hernia?* | Reason: _____ |
| ____ Recently (past 6 months) or | ____ Any other limitations? |
| presently pregnant?* | Explain: _____ |

Please list all medications that you are currently taking & what you are taking them for:

Signature: _____ Trainer: _____

Date: _____

<http://recsports.utk.edu>
Please allow trainer to examine your answers to the previous questions before continuing! Administer medical clearance form if necessary.

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Exercise History

1. Are you currently involved in a regular exercise program? Yes No

2. Do you regularly lift weights? Yes No

3. Do you consider yourself:
Highly active Moderately active Lightly active Sedentary

4. Would you characterize your life as:
Highly stressful Moderately stressful Low in stress

5. Which of the following describes your knowledge of exercise and fitness:
Very knowledgeable Knowledgeable Limited/No knowledge

6. Briefly explain your involvement in physical activity in the past
6 months _____
12 months _____
5 years _____
Lifetime _____

7. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value & 5 the highest).
Circle the number that applies the most to your current fitness level.

When you exercise, how important is competition	1	2	3	4	5
Cardiovascular capacity	1	2	3	4	5
Muscular capacity	1	2	3	4	5
Flexibility	1	2	3	4	5
Total Fitness Level	1	2	3	4	5

8. How much time are you willing to devote to an exercise program?
minutes/day _____ days/week _____

9. What type of exercise do you enjoy or would like to try?

<input type="checkbox"/> Walking and/or jogging	<input type="checkbox"/> Stationary bikes	<input type="checkbox"/> Hiking/rock climbing
<input type="checkbox"/> Weight training (machines)	<input type="checkbox"/> Racquetball	<input type="checkbox"/> Team sports
<input type="checkbox"/> Swimming	<input type="checkbox"/> Tennis	<input type="checkbox"/> Rowing
<input type="checkbox"/> Cycling (outdoors)	<input type="checkbox"/> Yoga	<input type="checkbox"/> Martial Arts
<input type="checkbox"/> Free weights	<input type="checkbox"/> Aerobic class	<input type="checkbox"/> Stretching

Personal Information

Goals & Expectations

Goals should be SMART: Specific, Measurable, Attainable, Realistic & Time-Bound

Rank your goals:

Extremely Important

Somewhat Important

Not at all Important

1

2

3

4

5

___ improve cardiovascular fitness

___ increase strength

___ weight loss

___ increase energy level

___ improve performance for a specific sport/event

___ improve flexibility

___ decrease stress

___ enjoyment

___ other: _____

Short-term goals: (first 4 weeks)

Long-term goals: (first 6 months to a year)

Lifetime goals:

Please feel free to change and update your goals as much as you would like.
Your trainer will help you set S.M.A.R.T. goals.