HEALTH HISTORY QUESTIONNAIRE

Please thoroughly answer all questions. If there is anything that requires more elaboration, please bring it up for discussion at your assessment

Name	Sex	Birthdate	Phone Number
Emergency Contact Information			
Name	Relationship		Phone

Physical Activity Readiness Questionnaire (PAR-Q)		
YES	NO	
☐	☐	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
☐	☐	Do you feel pain in your chest at rest, during activities of daily living or when you do physical activity?
☐	☐	Do you lose balance because of dizziness or have you lost consciousness in the last 12 months?
☐	☐	Do you have a bone or joint problem that could be made worse by a change in your physical activity?
☐	☐	Is you doctor currently prescribing drugs for your blood pressure or heart condition?
☐	☐	Do you know of any other reason why you should not do physical activity?

If you answered 'YES' to any of the above questions, medical clearance from you doctor will be required before an exercise program can begin.

Medications – please check any medications you are taking currently or have taken in the past.					
Current	Past		Current	Past	
☐	☐	Blood thinner	☐	☐	Cholesterol
☐	☐	Insulin	☐	☐	Diuretic (water pill)
☐	☐	Blood pressure	☐	☐	Prednisone/steroid
☐	☐	Anti-anxiety or depression	☐	☐	Chemotherapy
☐	☐	Nitroglycerin (heart)	☐	☐	Thyroid
☐	☐	Epi Pen	☐	☐	Seizure
☐	☐	Others (please list):			

Musculoskeletal: Have you ever been diagnosed or treated for any of the following? (check all that apply)		
☐ Fibromyalgia	☐ Arthritis	☐ Chronic headaches
☐ Lower back or neck pain	☐ Dislocation/fracture	☐ Osteoporosis
☐ Other		

- Have you ever had an orthopedic injury or surgery severe enough to keep you out of sports, exercise, or activities of daily living for over a week? ☐ No ☐ Yes (explain injury and date below)

_____

Neurological: Have you ever been diagnosed or treated for any of the following? (check all that apply)		
☐ Multiple Sclerosis	☐ Parkinson's	☐ Epilepsy/seizures
☐ Cerebral Palsy	☐ Cognitive decline	☐ Concussion
☐ Other		

- Do you need individual assistance to complete exercises and/or use equipment? ☐ No ☐ Yes

Cardiopulmonary: Have you ever been diagnosed or treated for any of the following? (check all that apply)		
☐ Heart Attack Date:	☐ Bypass/Angioplasty Date:	☐ Stroke Date:
☐ Asthma	☐ COPD	☐ Emphysema
☐ Other		

- Do you currently use oxygen or have an emergency inhaler that you carry with you? ☐ No ☐ Yes

Metabolic: Have you ever been diagnosed or treated for any of the following? (check all that apply)		
☐ Diabetes I or II	☐ Kidney disease	☐ Thyroid condition
☐ Other		

- Do you currently monitor blood glucose levels and use insulin to help regulate? ☐ No ☐ Yes

Mental Health: Have you ever been diagnosed or treated for any of the following? (check all that apply)		
☐ Anxiety/depression	☐ Eating disorder	☐ Alzheimer's/dementia
☐ Psychotic disorder	☐ Intellectual disability	☐ Addiction – type:
☐ Other		

Other: Have you ever been diagnosed or treated for any of the following? (check all that apply)		
☐ Anaphylactic Shock	☐ Cancer	☐ Visual/hearing impaired
☐ Vertigo/dizziness	☐ GI disease	☐ Cirrhosis, liver
☐ Other		

- Please list any surgeries you have had in the past and the date they were done: _____

_____

_____

Family History – list any significant health problems that run in your family	
Medical condition	Relationship to you

Is there anything else we should know about your health history or precautions to consider?

To the best of my ability, I have included all pertinent medical information.

Signature: _____ Today's Date: _____

LIFESTYLE QUESTIONNAIRE

Please thoroughly answer all questions. If there is anything that requires more elaboration, please bring it up for discussion at your assessment

Name	Today's Date	Birthdate

Exercise History

- Are you currently involved in an exercise program? ☐ No ☐ Yes – specify below
  - Type of exercise:_____
  - Frequency: _____minutes/day _____days/week
  - How long have you been exercising regularly? _____
- List any exercise, sport or recreational physical activities that you enjoy: _____
- How much time do you feel would help you reach your health goals?
  - Minutes/day: _____ Days/week:_____
- Realistically, how much time are you willing and/or able to devote to an exercise program?
  - Minutes/day: _____ Days/week:_____

Occupation

- What is your occupation: _____
  - How do you spend most of your day? (walking, standing, sitting, lifting, ect.)?
- Do you feel your job is a barrier to participating in a regular exercise program? ☐ No ☐ Yes
  - If yes, explain why: _____

Stress Levels

- Rate your stress on the continuum below (circle or mark the area you feel you fall).

Extremely Stressed *Somewhat Stressed* *No Stress*

- List your top 3 stressors:
  - 1:_____
  - 2:_____
  - 3:_____
- What are ways you currently manage stress (successful and unsuccessful)? _____

Lifestyle

- Rate your nutrition habits on the continuum below (circle or mark the are you feel you fall).

Extremely Unhealthy *Somewhat Healthy* *Very Healthy*

  - What nutrition habits can you improve on?_____

- Rate your quality of sleep on the continuum below (circle or mark where you feel you fall).

Very Poor *Decent Quality* *Very High Quality*

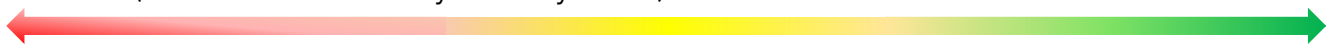
  - What, if anything, prevents you from getting quality sleep? _____

_____

_____

Relationships/Social Support

- Rate your relationships/social support system and how supportive they are in making healthy choices (circle or mark where you feel you fall).



Not Supportive *Somewhat Supportive* *Very Supportive*

  - What barriers, if any, do you feel exist from getting support for lifestyle change: _____

_____

_____

Personality Traits

- Mark all that describe your personality.

○ Mostly introverted	○ Mostly extroverted	○ Type A personality	○ Type B personality
○ Never sit still	○ Couch potato	○ Messy	○ Clean freak
○ Enjoy hosting	○ Dislike parties	○ Planner	○ Spontaneous
○ Leader	○ Follower	○ Passive	○ Aggressive

What do you hope the personal training helps you with? _____

_____

_____

_____

_____

_____

PERSONAL TRAINING INFORMED CONSENT

I hereby consent to voluntarily engage in an acceptable plan of exercise conditioning. I understand that no exercise program is without inherent risks and that, regardless of the care taken by my personal trainer, he or she cannot guarantee my personal safety. I understand that a regular exercise program has been shown to have definite benefits to general health and well-being. I consent to participating in program activities, which are recommended for me. If you are engaged in online training, you acknowledge that you are not being monitored by any trainer and that there is no liability to the trainer, facility or studio if there is an injury sustained.

I understand that it is my responsibility to fully disclose to my trainer any health issues or medications that are relevant to participation in a strenuous exercise program, inform the trainer if there are activities with which I do not feel comfortable, to cease exercise and report promptly any unusual feelings (e.g. chest discomfort, nausea, difficulty breathing, apparent injury, etc.) to my trainer and to clear my participation in any exercise program with my physician.

I understand that I am expected to attend every scheduled session and to follow instructions. I understand the potential physical risks involved in the exercise program and believe that the potential benefits outweigh the risks. I understand that the achievement of health and fitness goals cannot be guaranteed. I have had a voice in planning and approving the activities selected for my exercise program.

I have either provided a medical release from my physician to my trainer or have refused to obtain said medical release fully acknowledging the risks associated with the exercise regimens voluntarily being undertaken with my trainer. I have made my trainer aware of any impairment, which might prevent my participation in exercise activities.

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I have been informed that the information that is obtained in this exercise program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent.

I acknowledge and represent that I am 18 years of age or older and have read and understand the contents of this document. I have been made fully aware of and understand the potential risks involved in exercise programs. I hereby consent to those risks and freely and voluntarily agree to participate in an exercise program offered by Agape Therapy. I am freely signing this Agreement.

_____	_____	_____
PRINTED NAME	PARTICIPANT SIGNATURE	DATE