

**LIONS GYM & WELLNESS CENTER
HEALTH HISTORY & GOALS**

Name _____ Date _____

Address _____

Home phone _____ Work phone _____

Male _____ Female _____

Email Address _____

Age _____ Birth date _____ Weight _____ Height _____

Physician's name _____ Physician's phone _____

Does your physician know that you are participating in an exercise/fitness program?
Yes No

Date of last physical examination _____

Are you taking any medications?
no _____ yes _____ (Please list medications and reasons for usage below)

Are you taking any vitamins or dietary supplements?
no _____ yes _____ (Please list supplements and reasons for usage below)

Do you now, or have you had in the past: yes or no (please explain any yes answers)

1. History of heart problems, chest pain or stroke? _____

2. Increased blood pressure? _____

3. Any chronic illness or condition? _____

4. Do you ever get dizzy, lose your balance or lose consciousness? _____

5. Difficulty with physical exercise? _____

6. Advice from physician not to exercise? _____

7. Recent surgery (last 12 months)? _____

8. Pregnancy (now or within last 3 months)? _____

9. History of breathing or lung problems? _____

10. Swollen, stiff, or painful joints? _____

11. Foot problems? _____
12. Back problems? _____
13. Any significant vision or hearing problems? _____
14. Diabetes or thyroid condition? _____
15. Cigarette smoking habit? _____
16. Do you ever drink alcoholic beverages? _____
17. Increased blood cholesterol? _____
18. History of heart problems in immediate family? _____
19. Hernia, or a condition that may be aggravated by lifting weights? _____
20. Do you have asthma? _____

Do you have any other medical conditions or problems not previously mentioned? If so, please explain.

FAMILY HISTORY

Father

Current age _____

Father's general health is: excellent ___ good ___ fair ___ poor ___

Reason for fair/poor health is? _____

Mother

Current age _____

Mother's general health is: excellent ___ good ___ fair ___ poor ___

Reason for fair/poor health is? _____

Siblings

Number of brothers _____ Number of sisters _____ Age range _____

Any health problems? Please explain.

Have any of your BLOOD relatives had: yes or no

1. Heart attack under age 50? _____
2. Stroke under age 50? _____
3. High blood pressure? _____
4. Elevated cholesterol? _____
5. Diabetes? _____
6. Asthma or hay fever? _____
7. Heart operations? _____
8. Obesity? _____
9. Leukemia or cancer under age 60? _____

EXERCISE AND PHYSICAL ACTIVITY

For the following questions, please mark which best applies to you.

Are you currently involved in a regular fitness program? yes ___ no ___

Are you involved in physical activities of daily living? yes ___ no ___
(walking, gardening, etc.)
If yes, what type and how often?

Are you involved in cardiovascular exercise or a group fitness program? yes ___ no ___
If yes, what type and how often?

Are you involved in a strength training/weight lifting program? yes ___ no ___
If yes, what type and how often?

Are you involved in any sports? yes ___ no ___
If so, what sports and how often?

For the following questions, mark which best applies to you.

Do you consider yourself:

- ___ sedentary
- ___ lightly active (sporadic workouts, lawn work, little aerobic work)
- ___ moderately active (work out 1-2 days/week for at least 15-30 minutes)
- ___ highly active (work out three or more days/week at least 30-45 minutes)

Do you believe that you are physically fit?

- ___ no ___ average ___ outstanding ___ less than average ___ above average
- ___ don't know

Indicate the main reason you exercise or why you want to begin an exercise program.

- ___ it is good for my health ___ helps to relieve stress ___ my doctor told me to
- ___ I am trying to lose weight ___ it makes me feel good ___ other _____

What activities would/do you prefer in a regular exercise program?

walking and/or running

racquetball or squash

swimming

tennis

stationary cycling

basketball

stretching

rowing

strength/resistance training

group fitness classes

not sure

other _____

GOAL ASSESSMENT FORM

Name _____ Date _____

Goals should be: **SMART** (example goal: I want to lose 2 percent body fat within 6 months.)

S ~ Specific: *What will you do?* (i.e. lose weight)

M ~ Measurable: *How will you measure it?* (i.e. percent body fat, BMI)

A ~ Attainable: *Is this something you can attain?*

R ~ Realistic: *Can you realistically reach this goal?*

T ~ Set on a time line: *When do you want to reach this goal?*

Please fill out the goals and objectives below. You may want to wait and set these goals with the guidance of your personal trainer.

Long term goals (Where do you want to be in 6 months to a year?)

1.

2.

3.

Short term objectives (What small things will you do to accomplish your long term goals?)

1.

2.

3.

For your trainer's use!

Measurements: