

# FITNESS CONSULTATION FORM



## INSTRUCTIONS:

- 1) Please read and complete this form with as much detailed information as possible.
- 2) All fees will be accepted by the Evanston Recreation Center before the service(s) can be provided.

Name: _____	Email: _____	
Address: _____		
Phone #: Home _____	Work/Cell _____	Preferred Contact Time _____
Occupation: _____		Emergency Contact & Phone #: _____

### **Personal and/or Family Illnesses**

Have you or your direct family had any of the following (please circle)?

- |                           |            |                  |
|---------------------------|------------|------------------|
| Diabetes                  | Stroke     | Epilepsy         |
| Heart Problems            | Asthma     | Osteoporosis     |
| High / Low Blood Pressure | Chest pain | High Cholesterol |
|                           | Arthritis  |                  |

### **Smoking**

Do you smoke? Yes / No # per day \_\_\_\_\_

Have you ever smoked? Yes / No # per day \_\_\_\_\_

If you stopped smoking, how long ago did you stop?

### **Medications**

Do you take any pills, tablets, medicine or medication?  Yes  No

If yes, please describe \_\_\_\_\_

### **Injury Profile**

Have you ever injured any of the following areas of your body?

- |                                |   |  |
|--------------------------------|---|--|
| <input type="checkbox"/> Head  | <input type="checkbox"/> Shoulders      | <input type="checkbox"/> Upper legs    |
| <input type="checkbox"/> Neck  | <input type="checkbox"/> Arms           | <input type="checkbox"/> Knees         |
| <input type="checkbox"/> Back  | <input type="checkbox"/> Hands / wrists | <input type="checkbox"/> Lower legs    |
| <input type="checkbox"/> Torso | <input type="checkbox"/> Hips           | <input type="checkbox"/> Ankles / feet |

Is there anything else that may affect you exercising? \_\_\_\_\_

### **Physical profile – Optional**

Height: \_\_\_\_\_ (ft.in.) Weight: \_\_\_\_\_ (lbs.) Age: \_\_\_\_\_ (yrs)

Gender: \_\_\_\_\_ (M/F) Pant/dress size: \_\_\_\_\_

## NOTES:

**Goals**

Which of the following lifestyle, health and fitness goals are important to you?

I want to...

Get fitter  Get Stronger  Build muscle  Lose Body Fat

I want to feel...

More Awake  Healthier  More relaxed  More in Control

I want to have...

More time  Less stress  More energy  More fun

**Commitment**

How important to you is it that you achieve the goals above?

Not very  Somewhat  Very  Extremely

What areas are you willing to work on to achieve these goal(s)?

Exercise  Nutrition  Stress / Mood

**Motivation**

In your experience which phrase best describes your motivation levels?

I am self-motivated

I find exercise easier to stick to if I have a partner

I find exercise easier with regular appointments

I usually experience some problems staying motivated

I need constant motivation

**Support**

From the following list who is supportive of you achieving your goals?

Family  Yes  No

Friends  Yes  No

Work colleagues  Yes  No

**Exercise Preferences**

1. If you are currently exercising...

What activities are you doing? \_\_\_\_\_

\_\_\_\_\_

What do you like about them? \_\_\_\_\_

\_\_\_\_\_

Is there anything you don't like about them? \_\_\_\_\_

NOTES:

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2. If you have previously exercised...

What activities did you do? \_\_\_\_\_

\_\_\_\_\_

What did you like about them? \_\_\_\_\_

\_\_\_\_\_

Was there anything you didn't like about them? \_\_\_\_\_

\_\_\_\_\_

3. For your exercise in the future...

If you have trained with weights before, what exercises did you like? \_\_\_\_\_

\_\_\_\_\_

If you have exercised on the cardio machines before, number these machines (1 – 5) from favorite to least favorite

Cycle	Elliptical	Treadmill	Stepper	Rower

On average, how long would you like to exercise for? \_\_\_\_\_

On average, how hard would you like to exercise (on average from 1 – 10, 10 being extremely hard)?

\_\_\_\_\_

Below the days in the table, write in the time of day you would like to exercise and the time commitment you are able to make.

**SUNDAY    MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY    SATURDAY**

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**FOR OFFICE USE ONLY**

Date & Time of Consult:

Consultant:

NOTES:

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# Physical Activity Readiness Questionnaire (PAR-Q)

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
		1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		2. Do you feel pain in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you were not doing physical activity?
		4. Do you lose your balance because of dizziness or do you ever lose consciousness?
		5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
		6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		7. Do you know of any other reason why you should not do physical activity?

## If you answered YES to one or more questions

- Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the questionnaire and which questions you answered YES.
- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- if you are or may be pregnant – talk to your doctor before you start becoming more active.

## If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

*PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.*

**I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.**

NAME \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN (for minors)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.