

TK ProFitness Wellness Boot Camp Fitness Assessment

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Zip Code: _____

Phone (Home): _____

Phone (Work): _____

Phone (Cell): _____ E-Mail: _____

Birthday: _____

Emergency contact name & number: _____

Please take a moment to answer the following questions:

Questions

Yes

No

Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?

Do you feel pain in your chest when you perform physical activity?

In the past month, have you had chest pain when you were not performing any physical activity?

Do you lose your balance because of dizziness or do you ever lose consciousness?

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Is your doctor currently prescribing any medication for your blood pressure, for a heart condition or for any other reason?

Do you know of any other reason why you should not engage in physical activity?

Have you ever had or do you currently have:

Yes

No

Asthma

Extensive Back Problems

Knee or Shoulder Problems

Bronchitis

Depression

Arthritis

Hypoglycemia

Hypo or Hyperthyroidism

Diabetes

High Cholesterol

Anxiety/ Panic Attacks

PMS

Currently Pregnant

Any major surgery or illness

Other:

If you marked **Yes** for any of the above questions, please explain:

Lifestyle Questions

Occupation

1. What is your current occupation? _____
2. Does your occupation require extended periods of sitting? _____
3. Does your occupation require extended periods of repetitive movements? _____ If Yes, please explain: _____
4. Does your occupation require you to wear dress shoes? _____
5. Does your occupation cause you anxiety or mental stress? _____

Recreation

1. Do you partake in any recreational activities (golf, tennis, skiing, etc.)? _____
2. Do you have any hobbies (reading, gardening, working on cars)? _____
3. Do you smoke cigarettes or cigars, if so, how often? _____
4. Do you drink alcoholic or caffeinated beverages, if so, how often? _____

Nutrition

1. Describe what you eat and drink on a typical work day: _____
2. Describe what you eat and drink on the weekends: _____
3. What do you feel is your biggest downfall regarding nutrition? _____

Exercise History and Fitness Goals

1. Describe any physical activities you have been involved with in the past or currently.

2. Are you interested in weight loss _____ If so, how many pounds? _____
3. What methods have you used to try to lose weight and how effective have they been?

4. What other fitness goals do you have? _____

Think about what you want to look like, how you want to feel and what you want to be able to do.

On a scale of 1-10

How important is it to you to achieve your fitness goals? _____

How COMMITTED are you to achieving your fitness goals? _____

You may use the back for additional answers.