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www.boomersforfitness.com

CLIENT PROFILE

Date: _____

Name: _____

Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____ Occupation: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Contact person in case of emergency: _____

Relationship: _____

Day Phone: _____ Evening Phone: _____

Medical Practitioner Name: _____

Address: _____

Phone: _____

A. GENERAL HEALTH

1. How would describe your present state of health?

☐Excellent ☐Good ☐Fair ☐Poor

2. Existing medical conditions – Please check the appropriate conditions

☐Diabetes	☐High Blood Pressure	☐Asthma	☐Hip Replacement R L
☐Heart Condition	☐Epilepsy	☐Stroke	☐Knee Replacement R L
☐Ulcer	☐Hearing Loss	☐Parkinson's	☐Depression
☐Arthritis	☐Obesity	☐High Cholesterol	☐Incontinence
☐Anemia	☐Eye Problems	☐Hernia	☐Ankle Swelling (Edema)
☐Emphysema	☐Sleep Apnea	☐Thyroid Problems	☐Low Blood Pressure
☐Low Bone Density	☐Osteoporosis		

3. Check any family member who has had a heart attack or suddenly death before age 55 for males or age 65 for females:

☐Father ☐Mother ☐Brother ☐Sister ☐Grandparent

4. List any major illnesses your immediate family suffers from:

_____

5. Are you currently taking medications? ☐Yes ☐No

If you checked yes, please list the medications and for what condition

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

6. Do you have pain or have you injured any of the following areas:

☐Neck	☐Upper Back	☐Lower Back	☐Shoulder R / L
☐Elbow R / L	☐Wrist R / L	☐Hip R / L	☐Knee R / L
☐Ankle R / L	☐Foot R / L		

7. Are you undergoing treatment from any of the following individuals?

☐Chiropractor	☐Naturopath	☐Acupuncturist	☐Cardiologist
☐Massage Therapist	☐Physiotherapist	☐Neurologist	

If yes, please indicate health condition:

_____

8. For women only, are you currently having symptoms or receiving treatment for:

☐Peri menopause ☐Menopause ☐Post menopause

If yes, please provide details:

_____

9. Have you fallen within the past year? ☐Yes ☐No

If yes, how many times? _____ Did you require medical treatment? ☐Yes ☐No

If you have fallen once or more in the past year, for each case, please provide the approximate date of the fall, the medical treatment required and the reason you fell (e.g. uneven surface, going down stairs):

_____

_____

10. Are you worried about falling?

☐Not at all ☐A little ☐Moderately ☐Very ☐Extremely

11. Rate your stress on a daily basis: ☐Low ☐Moderate ☐High

12. How much sleep do you average each night 5 6 7 8 9 10 hours

13. Do you smoke? ☐Yes ☐No ☐Occasionally

If you are a daily smoker, please specify the average amount you smoke per day.

_____ cigarettes _____ cigars _____ pipes

14. If you are an ex-smoker, how long ago did you quit? months _____ years _____

15. Do you drink alcohol? ☐Yes ☐No ☐Occasionally

If your response was yes, please specify the number of drinks per week.

Liquor (one drink = 1.5 ounces or one shot) _____

Beer (one drink = 12 ounces or one bottle) _____

Wine (one drink = 5 ounces or one glass) _____

16. Do you drink coffee/tea? ☐Yes ☐No ☐Occasionally

If your response was yes, specify the total number of cups per day. tea _____ coffee _____

17. Do you follow a special diet? ☐Yes ☐No

18. How would you rate your eating habits?

☐Excellent ☐Good ☐Fair ☐Needs Improvement

B. WORK AND LEISURE

If you are working please answer questions 1 & 2

If retired please check here_____ and skip questions 1 & 2

1. With respect to physical activity how would classify your work?

☐Very active ☐Reasonably active ☐Light ☐Sedentary

2. Is your job associated with mental stress?

☐Always ☐Frequently ☐Occasionally ☐Seldom ☐Never

3. How would you describe your present fitness level?

☐Excellent ☐Good ☐Fair ☐Poor

4. How often do you take part in physical activity?

☐less than 1 time / week
☐1-2 times / week
☐3-4 times / week
☐5-6 times / week
☐7 times / week
☐greater than 7 times / week
☐1-2 times / month
☐rarely

5. If your participation in physical activity is minimal (less than 1 time per week, 1-2 times per month or rarely) what are the barriers?

☐Lack of interest ☐Lack of facilities ☐Ill Health
☐Lack of time ☐Injury ☐Other

If other, please specify _____

6. What exercise(s) do you enjoy?

☐Walking ☐Jogging ☐Running
☐Swimming ☐Tennis ☐Squash
☐Group Exercise Class ☐Stairmaster ☐Weight Training
☐Outdoor Cycling ☐Indoor Cycling ☐Gardening

Other _____

7. How much time per week will you be able to devote to your physical activity pursuits?

_____

8. Why have you chosen to hire Boomers for Fitness? Select all that apply.

☐Increase flexibility ☐Have more energy ☐Specific health reason
☐Strengthen muscles ☐Rehabilitation program ☐Avoid back pain
☐Weight loss ☐Reduce blood pressure ☐Exercise more
☐Muscle gain ☐Increase fitness ☐Improve posture
☐Reduce stress ☐Fall prevention ☐Exercise with family member / friend

Other _____

9. Please feel free to outline any other details which may assist us in designing an effective exercise program for you.

_____

_____

Thank you for taking the time to complete this form.