RONFIT

Refuel. Reactivate. Rejuvenate

PHYSICAL ACTIVITY AND MEDICAL QUESTIONNAIRE

NAME: ______________________________ AGE: ______________________ FEMALE/MALE

E-MAIL: _____________________________ PHONE: (____) ______ - ______ OCCUPATION: ____________

		Y	N
1.	Has a doctor ever said you have a heart condition and recommended only medically supervised activity?	☐	☐
2.	Do you have chest pain brought on by physical activity?	☐	☐
3.	Do you tend to lose consciousness or fall over as a result of dizziness?	☐	☐
4.	Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	☐	☐
5.	Has a doctor ever recommended medication for blood pressure or heart disease?	☐	☐
6.	Are you aware, through your own experience or a doctor' advice, of any other physical reason against your exercising without medical supervision?	☐	☐
7.	Are you over the age of 65 and not accustomed to vigorous exercise?	☐	☐
8.	Do you have any of the following:		
	• Heart Condition	☐	☐
	• Diabetes	☐	☐
	• Asthma – uncontrolled	☐	☐
	• Unexplained Laziness	☐	☐
	• Arthritis – Bursitis Rheumatism Hernia	☐	☐
	• Recent Surgery	☐	☐
	• Sacroiliac Problem	☐	☐
	• Angina	☐	☐
	• High Blood Pressure	☐	☐
	• Knee Problems	☐	☐
	• Back Problems	☐	☐
	• Cervical	☐	☐
	• Thoracic	☐	☐
	• Lumbar	☐	☐
9.	**If you answered YES to any of the above, please answer the following:**		
	A. Have you consulted your physician regarding increasing your physical activity and/or performing a fitness assessment	☐	☐
	B. If you answered NO to question #9A, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment?	☐	☐

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1. What are your current fitness goals?

2. Tell me about your nutrition.

Meal 1	Snack 1	Meal 2	Snack 2	Meal 3	Snack 3	Beverage

3. How long have you been trying to achieve these goals?

4. Do you have a job that requires repetitive movements, or extended periods of sitting?

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5. Tell me about your current workout program?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

6. Are you on any medication?

7. Do you have any pain? Explain if yes.

8. Have you ever had any surgery? Explain if yes.

9. Have you ever been on a specific program that you were happy with the results? if yes what was it? (nutrition/resistance training/ cardio).