

PHYSICAL ACTIVITY READINESS

FITNESS GOALS

What are your top 3 reasons for joining Victory Fitness Coaching?

1. _____
2. _____
3. _____

On a scale of 1 to 10, how serious are you about achieving your goals?

least 1 2 3 4 5 6 7 8 9 10 most

HEALTH HISTORY	YES	NO	DETAILS
Are you currently exercising?			
If Yes, What type of exercise? (Be specific)			
How would you describe your current physical condition?			
Has your doctor ever told you that you have a heart condition, have you ever suffered a stroke or does your family have a history of heart disease?			
Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?			
Do you smoke cigarettes? If so, how many per day/week?			
Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?			
Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?			
If you have diabetes (type I or type II), have you had trouble controlling your blood glucose in the last 3 months?			
Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?			
Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? (eg epilepsy, back or neck problems)			
Do you have high cholesterol?			
Is there any reason, not mentioned thus far, that would not allow you to participate in a physical fitness program?			
Are you pregnant, or have you given birth in the last 12 months?			

NOTE: If you answered YES to any of the above questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking any physical activity.

I believe that to the best of my knowledge, all of the information I have supplied within this document is true and correct.

Signature: _____ Date: _____