

OakTree Pilates Personal Training Intake Form

Name: _____ Date: _____

Health History

You have had:

- _____ heart attack
- _____ heart surgery
- _____ coronary angioplasty
- _____ pacemaker/implantable cardiac defibrillator or rhythm disturbance
- _____ heart valve disease
- _____ heart failure
- _____ congenital heart disease
- _____ heart transplant

Symptoms

- _____ You experience chest discomfort with exertion
- _____ You experience unreasonable breathlessness
- _____ You experience dizziness, fainting or blackouts
- _____ You take heart medications

Other Health Issues

- _____ You have diabetes
- _____ You have asthma or lung disease
- _____ You have musculoskeletal issues that limit your physical activity
- _____ You take prescription medications

If so, please list all medications _____

- _____ You are pregnant
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Cardiovascular Risk Factors

- _____ You are a man older than 45 years
 - _____ You are a woman older than 55 years
 - _____ You smoke, or have quit smoking within the last 6 months
 - _____ Your blood pressure is greater than 140/90 **or** You do not know your blood pressure
 - _____ Your blood cholesterol level is more than 200 mg/dl **or** you do not know your level
 - _____ You have a blood relative who had a heart attack/heart surgery before age 55 (father or brother or age 65 (mother or sister)
 - _____ You are physically inactive
 - _____ You are greater than 20 pounds overweight
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- _____ None of the above

Exercise and Activity Questionnaire

How do you feel now? _____
(Assign #1-5 with 1 being poor and 5 being excellent)

Exercise/Activity habits:

In an average day, I climb _____ flights of stairs (12 stairs = flight).

In an average day, I walk _____ miles (walking at least one mile at a time without stopping).

I spend about _____ hours a week tending a garden or lawn.

I perform household chores (laundry, cleaning, cooking) an average of _____ hours per week.

I engage in light sports activities (softball, tennis, dancing, volleyball) _____ hours a week.

I engage in vigorous exercise _____ times a week for _____ each time.

Please list your fitness goals: _____

Why are these goals important to you? _____

What are your favorite fitness activities? _____

What types of exercise activities have you tried in the past?

Have you have any negative exercise experiences?
