



Pre-Exercise Assessment

These questions are designed to help determine your health status before commencing a new exercise regime. Your answers are strictly confidential and will only be seen by your health assessor. However, should a significant health problem be detected, you will be given a letter to take to your GP.

Date:

Name:

Tel No:

Address:

E-mail:
(optional)

Age:

Date of Birth:

Height:

Weight:

Cardiovascular History:

Please put a for YES and for NO. Leave blank if unsure

Do you, or have you ever suffered from any of the following?

Heart Attack	<input type="checkbox"/>	Angina	<input type="checkbox"/>	Recurrent Chest Pain	<input type="checkbox"/>	Palpitations	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>
Heart Murmur	<input type="checkbox"/>	Irregular Pulse	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>	Diabetes Type 1	<input type="checkbox"/>	Diabetes Type 2	<input type="checkbox"/>

Do you currently take any medication? If yes, please state the name of the drug(s) you take, dosage and how often.

Name of Drug	Dosage	Times a Day

Do you currently take any dietary supplements? If yes, please state the name of the supplements you take, dosage and how often.

Name of Supplement	Dosage	Times a Day

Exercise:

Do you do any form of exercise/activity?

If yes, what do you do?

How often do you do this?

Do you have a sedentary job/lifestyle?

Smoking Status:

Do you smoke? If yes, please tick cigarettes cigars pipe other

How many a day?

If you do not smoke, have you ever smoked? When did you stop?

Alcohol Status:

(one unit = 1/2 pt beer, small glass of wine, pub measure of spirits)

What is your average weekly consumption of alcohol in units?

If less than 1 unit, how many in a month?

Did you regularly drink more in the past? If so, how many units a week?

Family History:

Have close family members suffered from any of the following?

Please put **M** for Mother, **F** for Father, **S** for Sister or **B** for Brother

Stroke Heart Attack High Blood Pressure High Cholesterol

Diabetes Type 1 Diabetes Type 2

Assessment: (details to be entered by health assessor)

BMI: **B/P:** **2nd reading:** **Pulse:**
Waist: **Hips:** **W/H Ratio:** **PulmoLife:**
Heart Rate: **PPT:** **RI :** **SI:** **Vascular Age:**

Recommendations: