



Client Safety Form

Name:	Fitness Goal (s):

Physical Activity Readiness

Medical History		YES	NO
<i>(If you answer yes to any of the medical history questions, contact your physician before engaging in any vigorous physical activities)</i>			
1	Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)?		
2	Have you ever had any surgeries?		
3	Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol, or diabetes)?		
4	Are you currently taking any medication? (Contact PCP for possible complications)		

5	Has your doctor ever said you have a heart condition and that you should only perform activity recommend by a doctor?	YES	NO
6	Do you feel pain in your chest when you perform physical activity?		
7	In the past month, have you had chest pain when you are not performing any physical activity?		

8	Do you lose your balance because of dizziness or do you ever lose consciousness?		
9	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
10	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
11	Do you know of any other reason why you should not engage in physical activity?		
	Occupation:	YES	NO
1	What is your current occupation? Your line of work can be a determining factor of the type of exercises you take part in. Although stretching is crucial for everyone, but if your job requires extended sitting, stretching is a must. If your occupation is stressful and causes anxiety, engaging in physical activities and mindfulness routines are extremely helpful.		
2	Does your occupation require extended periods of sitting? Extended sitting uses your lumbar/lower back spine and can cause you to slouch and hunch over. Focusing on and stretching the lumbar spine, chest, cervical spine and strengthening the lumbo pelvic area (core, lower back), thoracic spine (upper back, lats, rhomboids, and scapula) will help with posture and tightness.		
3	Does your occupation require extended periods of repetitive movements? (If yes, this can create muscle imbalance and muscle tightness).		
4	Does your occupation require you to wear shoes with a heel (dress heels)? If so, stretching calves, hip flexors, hamstrings, quadriceps and lower back muscles may reduce tightness.		
5	Does your occupation cause you anxiety, (mental stress)? If yes, participating in any physical activities (exercise) may help reducing stress and anxiety.		
	LIFESTYLE	YES	NO

1	Do you partake in any recreational activities (golf, tennis, skiing, etc.)? It's not about what you do, it's how you do it. Whatever you really enjoy and if it's working for your goals, prioritize it, but keep in mind that weight training also increases bone density, maximize weight loss, increase stamina and more.		
3	What's your current fitness routine? Always start a new Fitness Routine slowly and progressively.		
4	For your short and long term goals, in how long do you see yourself reaching them? Be realistic with your fitness goals, it won't happen overnight, but if you remain consistent, you'll see results.		
5	How would describe your eating habit (portions, timing, and selections)? Pay attention to all three components of nutrition, it only requires determination and consistency.		
6	How many times a week will you dedicate to physical activities (weight training, running, walking, biking, yoga, stretching etc...)? We encourage at least 3-4 times a week, but something every day is more beneficial.		
7	What prompted your interest to exercise now? Exercising can be a choice or a requirement, but for it to work, you have to want it and you have to make it a lifestyle routine. Seasonal fitness goals are not realistic, so always find reasons to start and keep going. Whether it's health, beauty, mental wellness and others, consistency is key.		