



ascension fitness
Taking Your Performance To New Heights

Activity and Health Questionnaire

Please list any previous injuries, medical conditions or anything that might prohibit you from performing exercises safely here. (Knee, ankle, shoulder, carpal tunnel).

Please list any medications, dosage and the condition that you are taking it for here. (Ex. Albuterol inhaler as needed for asthma)

Please list what exercises you have been doing consistently for the past 3 months here. Please include mode of exercise, duration, and frequency (For Example: Running 30 min 3 days/ week, TRX training 30 min 2 days/week).

HEALTH HISTORY (Please answer “Y” for Yes and “N” for No).

Has anyone in your family had a heart attack or stroke before age 45?	
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Have you ever had chest pains or shortness of breath? If yes when?	
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Do you have high blood pressure?		Give #	
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Do you have high cholesterol?		Give #	
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Have you had surgery before?	
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If yes, please list type of surgery and date	
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Do you have Diabetes?		If yes which type I or II?	
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Do you have from low blood sugar (hypoglycemia)?	
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Do you have arthritis?		If yes where?	
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Do you have pain in any joints when exercising?	
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If yes where?	
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Have you ever had seizures or any neurological problems?	
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Do you or anyone in your family have blood-clotting disorders?	
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Is there anything else not mentioned above that would impede your ability to perform exercises safely?	
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NUTRITION (Please answer “Y” for Yes and “N” for No).

Are you over 45 years old?	
Do you smoke?	
Do you have more than 3 alcoholic beverages per week?	
Do you eat every 3-4 hours?	
Do you drink 6-8 glasses of water/ day?	
Do you eat fresh fruits and vegetables?	
Are you a vegetarian?	
Do you experience a lull in energy during the day?	
Do you drink soft drinks?	
If I were to raid your pantry, would it be full of junk food?	

MOTIVATION (Please answer “Y” for Yes and “N” for No).

What type of learner would you say you are? Visual, auditory, or tactile.	
What do you like to do for fun?	

I agree that the answers above are true and accurate.

 Client Signature

 Date