



# LIONHEART

## Client Information Questionnaire

All information received on this form will be kept confidential. Please fill out forms completely and accurately. This information is essential for your health and fitness coach to develop programs that address your needs, goals, and is safe and effective.

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (o) \_\_\_\_\_ (fax)

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### PAR-Q FORM

Please mark YES or No to the following:

YES NO

Has your doctor ever said that you have a heart condition and recommended medically supervised physical activity? \_\_\_\_\_ only

Do you frequently have pains in your chest when you perform physical activity? \_\_\_\_\_

Have you had chest pain when you were not doing physical activity? \_\_\_\_\_

Do you lose your balance due to dizziness or do you ever lose consciousness? \_\_\_\_\_

Do you have a bone, joint or any other health problem that causes you pain limitations that must be addressed when developing an exercise program osteoporosis, high blood pressure, high cholesterol, arthritis, epilepsy, respiratory ailments, back problems, etc.)? \_\_\_\_\_ or (i.e. diabetes, anorexia, bulimia, anemia,

Are you pregnant now or have given birth within the last 6 months? \_\_\_\_\_

You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

**If you have marked YES to any of the above, talk with your doctor by phone or in person BEFORE you start becoming more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q ad which questions you answered YES.**

**\*\* Please note: This physical activity clearance is valid for 12 months from the date it is completed and becomes invalid if you condition changes so that you would answer "YES" to any of the 7 questions. If your health changes so that you then can answer "YES" to any of the above questions, tell your fitness or health professional.**

### Physical/Medical

1) List all activities that you cannot do or are painful due to your diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) Do you have any of the following?
- |   | YES   | NO    |
|---|-------|-------|
| Cardiac Disease   | _____ | _____ |
| Depression or Anxiety   | _____ | _____ |
| Hypotension   | _____ | _____ |
| Hypertension  | _____ | _____ |
| High Cholesterol  | _____ | _____ |
| Angina  | _____ | _____ |
| Diabetes  | _____ | _____ |
| Asthma  | _____ | _____ |
| Arthritis   | _____ | _____ |
| Other special medical condition that may be affected by physical activity | _____ |       |

- 3) Are you taking any medications? \_\_\_\_\_
- 4) Have you had a recent surgery/procedure? If yes, explain \_\_\_\_\_

**Lifestyle Related Questions:**

- 1) Do you smoke? YES NO If yes, how many per day? \_\_\_\_\_
- 3) How many hours do you regularly sleep at night? \_\_\_\_\_
- 4) On a scale of 1-10, how would you rate your diet (10 being the best)? 1 2 3 4 5 6 7 8 9 10  
 Explain: \_\_\_\_\_
- 5) Do you take any vitamins or supplements? YES NO Explain: \_\_\_\_\_
- 6) Describe your job: ◊ Sedentary ◊ Active ◊ Physically Demanding
- 7) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? \_\_\_\_\_

**Exercise Related Questions:**

- 1) How often do you take part in physical exercise?  
 5-7x/week                      3-4x/week                      1-2x/week
- 2) What type of exercise do you regularly participate in?  
 Weight lifting                      Running/Biking                      Swimming                      Yoga                      Other: \_\_\_\_\_
- 3) How many minutes do you exercise on average per exercise session? \_\_\_\_\_
- 3) If your participation is lower than you would like it to be, what are the reasons?  
 Lack of Interest                      Illness/Injury                      Lack of Time                      Other \_\_\_\_\_
- 4) If you are physically active, how long have you been consistently physically active?  
 \_\_\_\_\_
- 5) What activities do you enjoy and are you presently involved in?  
 \_\_\_\_\_  
 \_\_\_\_\_

Side Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_