

CLIENT HEALTH ASSESSMENT FORM

DATE:	FITNESS ALBERTA CPFT NAME
Client Name:	Client Age:
Gender Orientation:	PAR-Q+ completed? YES ___ NO ___
Height:	Physician's clearance: YES:___ NO___ N/A
Weight:	Resting Pulse rate
BMI =	NIH WC =
BMI Category:	WC meets NIGH cut-points YES___ NO___
BMI category outcome discussed with client Yes ___ NO ___	BMI -NIH WC Health Risk outcome discussed with client; Yes ___ No ___
Estimated $\dot{V}O_2$ Max _____ ● kg^{-1} ● min^{-1}	Estimated MET equivalent* =
Aerobic Fitness Health Benefit Zone* outcome discussed with client: YES ___ NO ___	Maximum heart rate** =
Exercise exertion monitoring options discussed with client: YES ___ NO ___	Target HR ** @ 60% =
Heart rate monitoring options discussed with client: YES ___ NO ___	Target HR ** @ 80% =

**Karvonen method

The client health assessment profile is an effective tool for Fitness Alberta certified personal fitness trainers. A confidential copy of this form should be maintained in a client's file as applicable under legal guidelines. Any biological, or health status change requires completion of a subsequent client health assessment profile.

Action codes:

B = Emergency information- must be readily available

MC = Medical clearance needed- do not allow exercise without physician's permission.

SEP = Special emergency procedures needed- do not let participant exercise alone, make sure the person's exercise partner knows what to do in case of an emergency.

RF = Risk Factor of CHD (educational materials and workshops needed).

SLA = Special or limited activities may be needed- you may need to include or exclude specific exercises.

Other (not marked) = Personal information that may be helpful for files or research.

SECTION ONE: GENERAL INFORMATION

1. Date _____
2. Name (First name) _____
3. Mailing Address _____ Phone (h): _____
_____ Phone (w): _____
4. EI Personal Physician _____ Phone: _____

Physician Address _____ Email: _____
5. EI Emergency Contact Name _____ Phone _____
6. Gender (circle) RF Male Female Other
7. RF Date of birth: _____
8. Height: _____ Weight: _____
9. Number of hours worked per week: 0-20 20-40 41-50 50+
10. SLA More than 25% or more of your time at work is spent (circle all that apply):
sitting at desk lifting loads standing walking driving

SECTION TWO: CURRENT MEDICAL INFORMATION (OPTIONAL)

11. Date of last medical physical exam: _____
12. Circle all medicine taken or prescribed within the last 6 months:
Blood thinner MC Epliepsy medications SEP Nitroglycerin MC
Diabetic MC Heart rhythm medication MC Other: _____
Digitalis MC High blood pressure medication MC
Diuretic MC Insulin MC
- 13: Please list any orthopedic conditions. Include any injuries in the last six months.

14. Any of these health symptoms that occur frequently (two or more times/month) require medical attention.

Please check any that apply.

- | | |
|--------------------------------|--|
| a. ___cough up blood MC | g. ___ Swollen joints MC |
| b. ___ Abdominal pain MC | h. ___ Feel faint MC |
| c. ___ Low back pain MC | i. ___ Dizziness MC |
| d. ___ leg pain MC | j. ___ Breathlessness with slight exertion MC |
| e. ___ Arm or shoulder pain MC | k. ___ Palpitation or fast heart beat MC |
| f. ___ Chest pain MC | l. ___ Unusual fatigue with normal activity MC |

SECTION 3: MEDICAL HISTORY (OPTIONAL)

15. Please circle any of the following for which you have been diagnosed or treated by a physician or health professional:

- | | | |
|-------------------------|-------------------|--------------------------|
| Alcoholism SEP | Diabetes SEP | Kidney problem MC |
| Anemia, sickle cell SEP | Emphysema SEP | Mental Illness SEP |
| Anemia, other SEP | Epilepsy SEP | Neck Strain SLA |
| Asthma SEP | Eye problems SLA | Obesity RF |
| Back strain SEP | Gout SLA | Phlebitis MC |
| Bleeding trait SEP | Hearing loss SLA | Rheumatoid arthritis SLA |
| Bronchitis, chronic SEP | Heart problems MC | Stress RF |
| Stroke MC | Cancer SEP | High blood pressure SLA |
| Thyroid problem SEP | Cirrhosis MC | HIV SEP |
| Ulcer SEP | Concussion MC | Hypoglycemia SEP |
| Congenital defect SEP | Hyperlipoderma | Other: _____ |

16. Circle any operations that you have had:

- | | | | | | |
|----------|------------|-------------|--------------|------------|----------|
| Back SLA | heart MC | kidneys SLA | Eyes SLA | joints SLA | Neck SLA |
| Ears SLA | Hernia SLA | Lungs SLA | Other: _____ | | |

17. RF Circle any of the following who died of heart attack before age 55:

- | | | |
|--------|---------|-----|
| Father | Brother | Son |
|--------|---------|-----|

18. RF Circle any of the following who died of heart attack before age 65:

- | | | |
|--------|--------|----------|
| Mother | Sister | Daughter |
|--------|--------|----------|

SECTION 4: HEALTH RELATED BEHAVIOURS

19. RF Do you currently smoke? Yes No
20. RF If you are a smoker, indicate the number smoked per day:
- | | | | | |
|-----------------------|---------------------------------------|-------|-------|-----|
| Cigarettes: | 40 or more | 20-39 | 10-19 | 1-9 |
| Cigars or Pipes only: | 5 or more, or any inhaled less than 5 | | | |
21. Have you ever smoked? Yes No
22. RF Do you exercise regularly? Yes No
- a. If you were previously active but are not currently, how often were you physically active? _____
- b. How long has it been since you were physically active on a regular basis? _____

23. Last physical fitness test: _____

24. How many days a week do you accumulate 30 minutes of moderate activity?

0 1 2 3 4 5 6 7

25. How many days a week do you normally spend at least 20 minutes of vigorous activity?

0 1 2 3 4 5 6 7

26. What activities do you engage in at least once a week? Specific exercises?

27. What activities do/did you like the most? The least?

28. Current weight: _____ One year ago: _____ Age 21: _____

SECTION 5: HEALTH-RELATED ATTITUDES (OPTIONAL)

29. These are traits that have been associated with coronary-prone behaviour. Circle the number that corresponds to how you feel toward the following statement.

I am an impatient, time-conscious, hard-driving individual.

6. = Strongly agree 3 = Slightly agree

5 = Moderately agree 2 = Moderately disagree

4 = Slightly agree 1 = Strongly disagree

30. How often do you experience "negative" stress from each of the following?

	RF Always	RF Usually	RF Frequently	Rarely	Never
Work:	_____	_____	_____	_____	_____
Home or family:	_____	_____	_____	_____	_____
Financial pressure:	_____	_____	_____	_____	_____
Social pressure:	_____	_____	_____	_____	_____
Personal health:	_____	_____	_____	_____	_____

31. List everything not included in this questionnaire that may cause you problems on a fitness test or fitness program.

1. Previous Injury/History

Outside of the information in the PARQ+, is there anything I need to know before we get started? Any sports injuries? Automobile accidents? Other?

2. SMART Goals

Specific – who with, what activities, where, when (specific days & times), how

Measurable – e.g., what do we have to do daily/weekly to achieve those goals

Attainable – is there a timeline to reach your goals? If so, is the amount of time realistic given the goal?

Relevant – are the activities relevant to your goals? Discussion on why the activities discussed matter to that person – their lifestyle, etc.

Time oriented – see #5 below

3. Have you been physically active previously?

If so, what activities were you involved in?

If you worked out previously, what did your typical aerobic conditioning involve, e.g. type, how often, how long (minutes)?

If you worked out previously, what types of resistance exercises did you do?

List exercises, sets & reps

Are there any activities outside of what you listed that you would like to incorporate into your current program?

Are there any activities that you do not like that we should exclude?

4. Barriers

If active in the past, what came up that got in the way of continuing your workout? How can we plan around those same barriers now?

5. Time Commitment

How many days per week can you commit to your workout?

Does the time commitment match the goals?

Which particular days will work best for you ?

How much time during each workout can you commit?

Does that time include getting to and from the facility? Include time to change clothing?

What time of day best works for you? Will your workouts impact family? Work? Other? If so, what is a work around?

