

Training Athlete Questionnaire:

Athlete Questionnaire: In order to help us plan a fitness/athletic program for you, it is necessary to evaluate some of your health and lifestyle history, as well as your present running/walking fitness interest. Please answer to the best of your ability. Your information will be kept confidential and used only in helping make recommendation for a fitness program.

Name _____ Date _____

Age _____ M/F _____ Height _____ Weight _____

Email _____ Phone _____

Emergency Contact (Name and Phone) _____

Medical Provider (Name) _____ Last Visit _____

Allergies: _____

Medications: _____

Do you have any of the following health conditions? (circle all those that apply)

High Blood Pressure

Kidney/Renal Disease

Heart Disease

History of Bariatric Surgery

History of Heart Attack

Arthritis

History of Stroke

History of Cancer

Vascular Disease

Congenital Disease

Neuromuscular Disease

Psychiatric Disorder

Other:

I plan on: Running Run/Walk Walking