

FRONT RUNNER COACHING Health History Form

NAME: _____ D.O.B.: _____

EMAIL ADDRESS: _____

AGE: _____ SEX: _____ M / F _____ Mobile: _____

GENERAL PRACTITIONER: _____

GP PHONE NO: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ Relationship: _____ PHONE: _____

Do you, or have you, suffered from any series illness? Please explain with dates.

Are you taking any medication or drugs? If so, please list medication, dose and reason.

Do you have any medical condition(s) that may put your health at risk while undertaking an exercise program? If so, please explain

Does your General Practitioner know you are participating in this exercise program?

Describe your current exercise routine? Type of exercise, frequency, duration.

Do you now have, or have you had in the past:

1. History of heart problems, chest pain or stroke
2. Increased blood pressure
3. Any chronic illness or condition
4. Difficulty with physical exercise
5. Advice from physician not to exercise
6. Recent surgery (last 12 months)
7. Pregnancy (now or within last 3 mths)
8. History of breathing or lung problems
9. Muscle, joint or back disorder, or any previous injury still affecting you.

YES

NO

- 10. Diabetes or thyroid condition
- 11. Cigarette smoking habit
- 12. Obesity
- 13. Increased blood cholesterol
- 14. History of heart problems in immediate family

Please explain any "yes" answers below: -

Thank you for taking the time to complete this Health History questionnaire. It is important for planning your training program. All information is strictly confidential and will not be used or passed to any third party with without prior written consent of all parties.

PLEASE ENSURE THAT YOU ALSO COMPLETE THE EXERCISE HISTORY FORM BELOW

Kind regards,

Raf Baugh
Managing Director, Front Runner Sports.

FRONT RUNNER COACHING Exercise History Form

Name: _____ Date: _____

Please fill out this form as completely as possible.

1. Please rate your exercise level on a scale of 1-5 (5 indicating very strenuous) for each age range through your present age: -

15-20 _____ 21-30 _____ 31-40 _____ 41-50+ _____

2. Are you currently following a regular cardiovascular exercise program?

YES NO If yes, specify the type of exercise(s): _____

_____ Minutes per day _____ Days per week

3. How long have you been following a regular cardiovascular exercise training program?

_____ Months _____ Years

4. Are you currently following a resistance weight training program?

YES NO If yes, specify the type of exercise(s): _____

_____ Minutes per day _____ Days per week

How long have you been following a regular resistance training program?

_____ Months _____ Years

Rate your perception of the exertion of you resistance training program: -
(*Highlight the number*) (1) Light (2) Fairly light (3) Somewhat hard (4) Hard

5. What exercise, sport or recreational activities have you participated in?

In the past 6 months? _____

In the past 1-2 years? _____

In the past 5 years? _____

6. How much time do you have available for training per week?

_____ Hours/wk _____ Days/wk

Which days do you have most time? _____

Which days do you have least time? _____

7. What type of exercise interests you?

Running	<input type="text"/>	Cycling	<input type="text"/>	Swimming	<input type="text"/>
Walking	<input type="text"/>	Stepper	<input type="text"/>	Stretching	<input type="text"/>

Other, please specify: - _____

8. What is the main goal of your undertaking a training program?

9. Which specific sporting events or competitions would you like to compete in?

The next 6 months _____

The next 1-2 years _____

3 years + _____

10. Rank your goals in undertaking exercise:

Use the following scale to rate each goal separately

Extremely important (10) Somewhat important (5) Not at all important (1)

1 2 3 4 5 6 7 8 9 10

- a. Improve cardiovascular fitness
- b. Body-fat weight loss
- c. Reshape or tone my body
- d. Improve performance for a specific sport
- e. Improve moods and ability to cope with stress
- f. Improve flexibility
- g. Increase strength
- h. Increase energy level
- i. Feel better
- j. Enjoyment
- k. Other

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Thank you for taking the time to complete this Exercise History questionnaire. Once you have completed this form, please email back to admin@frontrunnersports.com.au prior to your appointment with the coach

Kind regards,

Raf Baugh
Managing Director, Front Runner Sports.