

This information is collected and used to assess your needs, to advise you of your options and to provide you with a health and fitness program. It complies with Dutrifitness' privacy policy.

Athlete Profile

Name:

Address:

City:

Postal Code:

Email Address:

Home or mobile phone:

Date of birth:

Gender M / F or unknown

The job that you do:

What injuries have you had in the past 5 years: (neck, shoulder, upper/lower back, arm, wrist, hip, knee, ankle)

Injury Type	Treatment	Date
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Do any of these injuries still impact your ability to exercise? Yes No

If yes, please provide a description of symptoms?

Do you currently or have you in the past been diagnosed with any of these medical conditions? Please check those that apply.

Diabetes Asthma Arthritis Heart Condition

Low Vision Epilepsy Hearing Loss Hypertension

High Cholesterol Hernia Thyroid condition Cancer

Anemia/low iron Ulcers Colitis Arthritis

Osteoporosis Mental Health conditions

Other/ Specify

Current Medication:

Medication For what condition

Medication For what condition

Do you have any side effects from the medication that could interfere with exercise?

Allergies Yes No

Specify if yes

Family Health History

1. Has anyone had a heart attack in your family before the age of 50?

Yes Who

No

2. Hereditary Disorders?

Do you regularly receive treatments from other health care professionals (RMT, physiotherapist, chiropractor, registered dietician)?

Health care provider last treatment diagnosis

Has your primary health care professional endorsed your exercise program?

Yes No

Lifestyle

1. Rate your stress on a daily basis. Low Medium High

2. How much sleep do you average per night in hours?

3. Do you smoke?

4. Alcohol consumption None 1-2/wk 5-10/wk 10 or more

Nutritional Habits

1. Weight now 2. Goal Weight

2. Do you follow a special diet? No Yes Type

3, How would you rate your eating habits? Poor OK Good Very Good

2015 Race Goals (please list your race goals for the upcoming year)

Race Name Date Time goal

Why?

Any Secondary Goals you would like to accomplish?

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Athletic History

Best Times in running (include time and year)

5km 10km 21.1km 42.2 km

Best Times in cycling (include time and year)

Time Trial 100km 100 miles/160 km

Best Times in swimming (include time and year)

100 m free 1500 m free 2 km free

Times in a triathlon (include year)

Race Distance Time

Any other sports you casually or actively participate in? Please list and how often you play.

Do you have any specific areas that you want to focus on for your training program?

Signature:

Date:

For Jackie to Complete - Administration:

ParQ form Yes No

Privacy Policy Yes No

Client number

Receipts required Yes No

Start Date: