health
QUESTIONNAIRE

The information you share will remain confidential

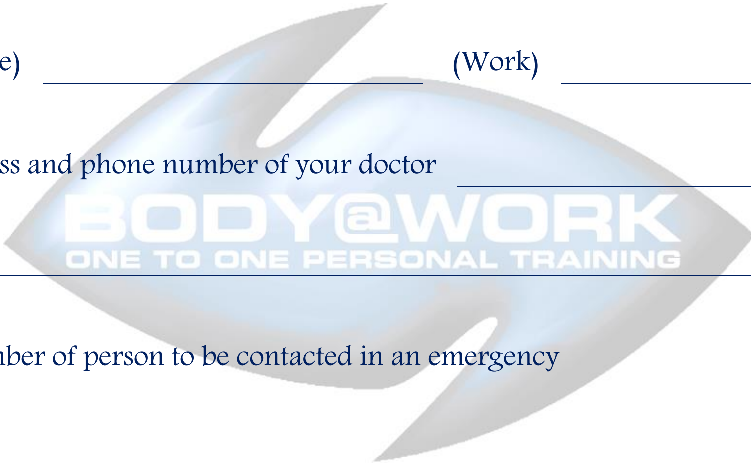
PERSONAL DETAILS

Name ______________________________

Address ______________________________

____

Tel No (Home) ______________ (Work) ______________



Name, address and phone number of your doctor ______________

____

Name & number of person to be contacted in an emergency

____

Occupation ______________________________

Number of hours worked per week (please tick)

☐ Less than 20 ☐ 20-40 ☐ 41-60 ☐ Over 60

Do you spend more than 25% of your working time (tick all that apply)

☐ Sitting at desk ☐ Lifting loads ☐ Standing ☐ Walking ☐ Driving

Date of birth ____________ Height ____________

Present weight ____________ Weight 1 year ago ____________

Ideal weight ____________

On a scale of 1-10 (1 being tired and lethargic, 10 being full of energy)
how would you asses your feelings of energy & vitality ? ____________

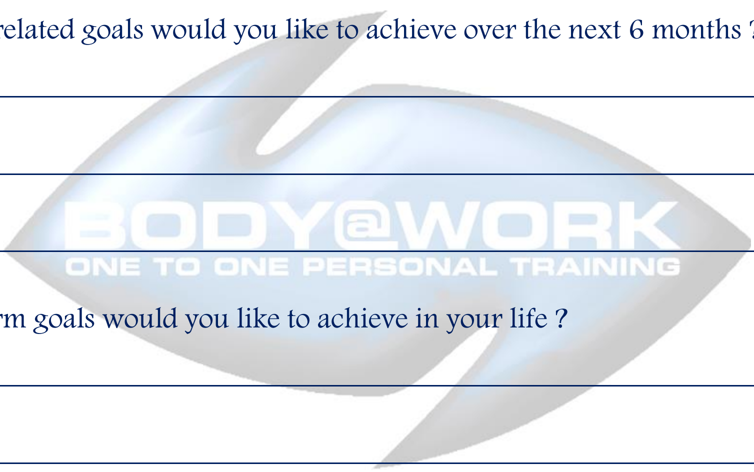
On a scale of 1-10 how would you asses your moods & emotional balance ? ____________

What health related goals would you like to achieve over the next 6 months ?

1. ____

2. ____

3. ____



What long term goals would you like to achieve in your life ?

1. ____

2. ____

3. ____

To what extent are you prepared to modify your lifestyle in order to improve your health ?

____

____

YOUR EXERCISE HABITS

1. What are your main reasons for starting or continuing with a fitness programme ?

☐ General conditioning ☐ Weight/fat loss ☐ Stress reduction
☐ Muscular strength ☐ Aerobic fitness ☐ Flexibility
☐ Enjoyment ☐ Social ☐ Improve health
☐ Disease prevention ☐ Appearance

2. On a scale of 1-10 (1 being very unfit, 10 being extremely fit) how would you asses your fitness ? ____________

3. Can you walk briskly without fatigue ?
Yes/No

4. Can you jog 3 miles continuously at a moderate pace without discomfort ?
Yes/No

5. How many days per week do you normally spend at least 20 minutes in moderate to strenuous exercise ? (Please circle)

0 1 2 3 4 5 6 7 days per week

6. Please describe the type of exercise

____

____

7. What do you see as the main barriers that prevent you from exercising at all or as much as you would like ?

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☐ Do not enjoy exercise ☐ Lack of motivation ☐ Lack of time
☐ Lack of ability/fitness ☐ Lack of knowledge ☐ Lack of facilities
☐ Financial costs ☐ Family responsibilities ☐ Medical advise

Additional comments or other reasons:

____

____

8. Providing the equipment and facilities were available, which physical activities would you be interested in?

- ☐ Weight training
- ☐ Circuit training
- ☐ Gymnastics
- ☐ Rock Climbing
- ☐ Athletics
- ☐ Football
- ☐ Calisthenics
- ☐ Yoga
- ☐ Pilates
- ☐ Cycling
- ☐ Mountain biking
- ☐ Rugby
- ☐ Triathlon
- ☐ Martial arts
- ☐ Boxing
- ☐ Squash
- ☐ Badminton
- ☐ Tennis
- ☐ Table Tennis
- ☐ Horse Riding
- ☐ Basketball
- ☐ Aerobics
- ☐ Golf
- ☐ Walking/hiking

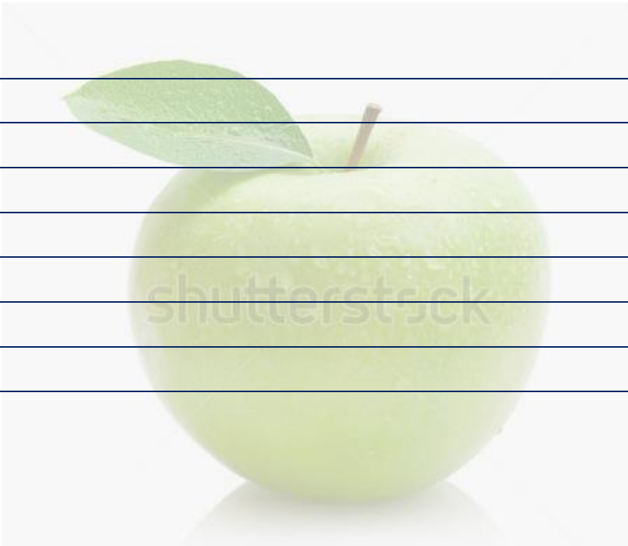
NUTRITIONAL ASSESSMENT

1. On a scale of 1-10 (1 being low quality, 10 being high quality) how would you asses your dietary habits ? ___________

2. Do you follow any particular diet ? Tick all that apply.

- ☐ Wholefood
- ☐ Vegan
- ☐ Vegetarian
- ☐ Vegetarian & fish
- ☐ Allergy elimination
- ☐ Other

3. Please write a typical day's food and drink diary

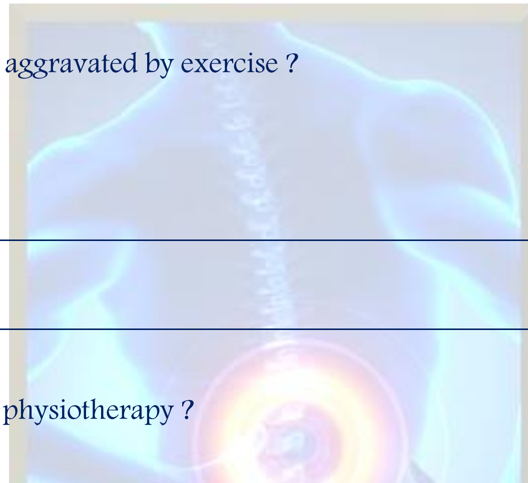


TIME	FOOD EATEN
_______	____
_______	____
_______	____
_______	____
_______	____
_______	____
_______	____
_______	____

STRUCTURAL HEALTH

Do you have any of the following conditions ? (tick all that apply)

☐ Shoulder injury	☐ Arm/elbow injury	☐ Wrist/hand injury
☐ Back pain/injury	☐ Hip/pelvis injury	☐ Knee/thigh injury
☐ Arthritis(Osteo)	☐ Arthritis(Rheumatoid)	☐ Head/neck injury
☐ Ankle/foot injury	☐ Calcium deposits	☐ Nerve damage
☐ Swollen joints	☐ Bone fracture	☐ Tennis elbow



Are there any other injuries aggravated by exercise ?

Yes/No

If yes, give further details ?

____

____

Are you presently receiving physiotherapy ?

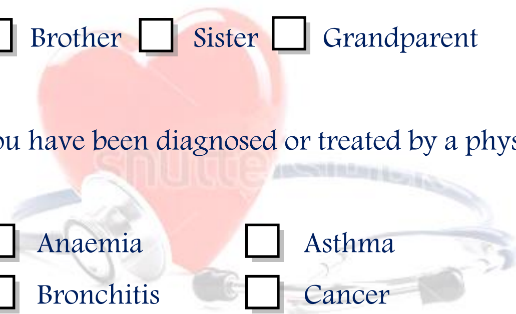
Yes/No

MEDICAL HISTORY

Tick any family members who have died of a heart attack before age 55 ?

☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Grandparent

Tick any of the following you have been diagnosed or treated by a physician or health professional ?



☐ Alcoholism	☐ Anaemia	☐ Asthma
☐ Bleeding trait	☐ Bronchitis	☐ Cancer
☐ Cirrhosis of the liver	☐ Concussion	☐ Congenital defect
☐ Diabetes	☐ Emphysema	☐ Epilepsy
☐ Eye problems	☐ Gout	☐ Hearing loss

☐ High blood cholesterol ☐ High blood pressure ☐ Hypoglycaemia
☐ Heart problem ☐ Kidney problem ☐ Mononucleosis
☐ Mental illness ☐ Obesity ☐ Phlebitis
☐ Stroke ☐ Thyroid problem ☐ Ulcer
☐ Other ______________________________

Tick all medicine you have taken in the last 6 months ?

☐ Blood thinner ☐ Diabetic pill ☐ Digitalis
☐ Diuretic ☐ Epilepsy medication ☐ Beta blockers
☐ Insulin ☐ Nitro-glycerine ☐ Other __________

Tick the box if you experience the following:

☐ Shortness of breath with very light exertion
☐ Pain or tightness in the chest
☐ Unexplained pain in the abdomen, shoulder or arm
☐ Dizzy spells or episodes of fainting
☐ Palpitations
☐ Has a physician told you that you have a heart murmur ?
☐ Lower leg pain during walking that is relieved at rest

Please describe any other health problems

____

____

____

YOUR LIFESTYLE

How stressful is your life? What are your major sources of stress ?

____

____

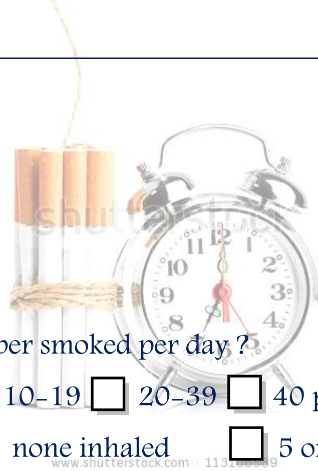
Do you have difficulty sleeping ?

Yes/No

Do you follow a relaxation programme?

Do you smoke ?

Yes/No



Do you want to quit?

Yes/No

If you do smoke indicate the number smoked per day ?

Cigarettes ☐ 1-9 ☐ 10-19 ☐ 20-39 ☐ 40 plus

Cigars or pipes ☐ less than 5 ☐ none inhaled ☐ 5 or more

ADDITIONAL INFORMATION

Please use this space to include information you think is relevant ?

ADDITIONAL NUTRITION INFORMATION

Which foods would you have difficulty giving up?

Do you take any dietary supplements ?

Yes/No

State the brands and quantities

INFORMED CONSENT FOR EXERCISE

I would like to engage voluntarily in an exercise programme designed by EPIC Health to improve my health. I understand that the activities are designed to place a gradually increasing workload on the cardio-respiratory system and thereby improve its function. The reaction of the cardio-respiratory system cannot be predicted with complete accuracy. There is a risk that changes might occur during exercise to the blood pressure or heart rate.

I understand that the purpose of the exercise programme is to improve the cardio-respiratory system, body composition, flexibility, muscular strength and endurance. A specific programme will be given to me based on the information given. All exercise programmes include warm up, exercise at target heart rates and cool down. The programme may involve aerobic training such as walking, jogging, running, cycling or rowing and also resistance training. All programmes are designed to place a gradually increasing workload on the body in order to improve fitness. The rate of progression is regulated by exercise, target heart rates and perceived effort of exercise.

In signing this consent form I confirm that I have read this form in its entirety and understand the nature of the exercise programme. I also confirm that my questions regarding the exercise programme have been answered to my satisfaction.

In the event that medical clearance must be obtained prior to participation, I agree to contact my GP and obtain written permission prior to commencement.

I agree to participate in the exercise programme. I assume the risk of exercise and agree to the extent permitted by law, to hold blameless EPIC Health Coaches from any claims, suits, losses or related courses of action for damages. Including but not limited to such claims that result from injury or death accidental or otherwise, arising from the exercise programme.

Signature of Applicant ______________________________

Please Note: We require **24** hours notice of all cancellations or we reserve the right to charge the ***standard fee***