



51 E. Spring Valley Rd.  
Centerville, Ohio 45458  
937-469-1692  
ryanv41@gmail.com

## Health, Wellness and Lifestyle Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Birthday: \_\_\_\_\_  
\_\_\_\_\_  
Age: \_\_\_\_\_  
Sex: M \_\_\_ F \_\_\_  
Home Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Physician's Phone #: \_\_\_\_\_  
Date of last Physical: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_ (word of mouth, friend, social networking, other)

If you are under 18, what are your parent's names:  
Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

The following information is required to access your physical fitness level and to establish your exercise prescription. Your health questionnaire and test results are confidential and will not be released to anyone other than yourself.

### **Have you ever experienced any of the following while walking, working, or exercising?**

Pain in the chest	Y N	
Pain in the neck	Y N	If so, what side: _____
Pain in the lower back	Y N	If so, what side: _____
Shortness of breath	Y N	
Faintness/Lightheaded	Y N	
Confusion/Dizziness	Y N	
Leg Pain	Y N	If so, what side: _____
Heart beat irregularities	Y N	
Persistent cough	Y N	

**To your knowledge do you have or have you had any of the following?**

- Diabetes Y N
- Heart/Cardiopulmonary disease Y N
  - Heart murmur, angina, heart attack, coronary, arteriosclerosis Y N
- Pulmonary disease Y N
  - Asthma, emphysema, bronchitis Y N
- Gout (elevated uric acid) Y N
- Thyroid, Kidney, or Liver disease Y N
- Stroke Y N
- Rheumatic fever Y N
- Anemia-low red blood cell count Y N
- Hernia Y N
- Varicose Veins Y N
- AIDS or HIV Positive Y N

**Have you recently experienced any of the following:**

- Localized muscle soreness Y N
- Joint Stiffness Y N
- Flare-up of old injuries Y N
- Loss of local muscle strength Y N
- Noticeable loss of muscle size Y N
- Restricted joint movement Y N

**Has your personal physician indicated that you have:**

- High Blood Pressure Y N
  - If yes, please indicate Systolic \_\_\_\_\_ Distolic \_\_\_\_\_
- Elevated Blood Cholesterol Y N
  - If yes, please indicate level \_\_\_\_\_
- Family history of either of the above? \_\_\_\_\_

**Do you take any medication on a regular basis? If yes, please list**

- |                     |                         |
|---------------------|-------------------------|
| Prescription: _____ | Non-Prescription: _____ |
| _____               | _____                   |

**Please note any surgeries or injuries (past or present)**

- |          |            |             |
|----------|------------|-------------|
| Foot     | Left _____ | Right _____ |
| Ankle    | Left _____ | Right _____ |
| Knee     | Left _____ | Right _____ |
| Hip      | Left _____ | Right _____ |
| Shoulder | Left _____ | Right _____ |
| Elbow    | Left _____ | Right _____ |
| Wrist    | Left _____ | Right _____ |
| Hand     | Left _____ | Right _____ |
| Neck     | Left _____ | Right _____ |
| Back     | Left _____ | Right _____ |



**Do you smoke a pipe, cigars, or cigarettes?** **Y N**

# per day \_\_\_\_\_ # of years \_\_\_\_\_

If you have smoked, how long has it been since you quit?

\_\_\_\_\_

**Do you consume alcoholic beverages?** **Y N**

If yes, Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

How much: \_\_\_\_\_

**Do you diet?**

If yes, why? Weight loss \_\_\_\_\_ Weight gain \_\_\_\_\_ Medical \_\_\_\_\_

Explanation: \_\_\_\_\_

**Do you feel your current diet is successful?** **Y N**

What type of diet are you currently trying? \_\_\_\_\_

What types of diets have you tried in the past? Were they successful and why? \_\_\_\_\_

Do you currently or have you in the past suffered from an eating disorder? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

**Please describe your current typical eating habits.**

Time Food

Morning \_\_\_\_\_

Snack \_\_\_\_\_

Mid-Day \_\_\_\_\_

Snack \_\_\_\_\_

Evening \_\_\_\_\_

Estimated number of glasses of water consumed each day \_\_\_\_\_

**Under what circumstances do you tend to overeat or eat foods you know that you shouldn't?**

\_\_\_\_\_

\_\_\_\_\_

**Please list your current participation in physical activities:**

What Activities Times Per Week Minutes Per Session

\_\_\_\_\_

\_\_\_\_\_

**What usually interrupts your workout program?** \_\_\_\_\_

**How long do you usually stick with a workout program?** \_\_\_\_\_

**If you stop working out for an extended period of time, why?** \_\_\_\_\_

**How many hours of sleep do you average per night?** \_\_\_\_\_

**Please rate your current life stress level: (1-10, 10 is the highest stress level)**

Rating: \_\_\_\_\_



**Please list your current fitness goals in each category that applies, (1 being the most important and a 5 being the least important.)**

Health (lower cholesterol, blood pressure, body fat, etc.)

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Weight Loss/Gain

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Appearance/Body Parts

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Pain Management

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Flexibility

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Posture

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Job Performance

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Sports Performance

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Special Occasion (wedding, anniversary, vacation, etc.)

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**How much time can you devote to your workout program?**

Days/Week \_\_\_\_\_

Minutes/Day \_\_\_\_\_

**What types of exercise interest you?**

Walking

Stationary Bike

Rollerblading

Jogging/Running

Rowing

Pilates

Swimming

Cycling

Yoga

Tennis

Aerobics

Strength Training

Flexibility

Cross Training

Sports Conditioning

Stairmaster

Water Aerobics

Other: \_\_\_\_\_



## LIABILITY WAIVER

The undersigned recognizes that the use of Primal Performance services involve an inherent risk of physical injury including that caused by the negligence of the undersigned, Ryan Valentine, Primal Performance, or contractors and employees of Primal Performance. The undersigned hereby agrees to assume the risk of injury in its entirety regardless of the cause. Ryan Valentine, Primal Performance, and all contractors and employees of Primal Performance shall not be liable for injuries or damages to the undersigned, or the property of the undersigned, or by subject to any claim, demand, injury, death, or damages whatever, including, without limitation, those damages resulting from acts of active or passive negligence on the part of Ryan Valentine, Primal Performance, and all contractors and employees of Primal Performance for all such claims, demands, injuries, death, damages, actions, or causes of action. It is specifically agreed that Ryan Valentine, Primal Performance, and all contractors and employees of Primal Performance shall not be responsible or liable to the undersigned for articles lost or stolen in connection with Ryan Valentine, Primal Performance, or contractors and employees of Primal Performance services.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If under 18 years of age, please have parents sign here:

Print Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Cancellation Policy: To give our staff advance notice, we do require that you give us 24 hours notice for any **appointments** that need to be cancelled to insure that you will not be charged. Thank you!**