

Cardio circulatory system

1. Do you suffer from stress in your work or private life? No___ yes, what kind of stress?

2. When did you last go to the doctor? Why? _____
Do you know your blood pressure value? no___ yes___
3. Do you know your resting heart rate? no___ yes___
4. Do you have any kinds of heart problems or cardio circulatory problems? Did you have any in the past?
no___ yes___
5. Do you know your cholesterol level? no___ yes___
6. Do you have stomach trouble? Did you have any in the past? no___ yes___
7. Do you suffer from allergies or chronic diseases? no___ yes___
8. Are you taking any medication?
(Beta blockers, dietary supplement, the Pill) no___ yes___
9. Women only: Do you suffer from any menstrual conditions? no___ yes___
10. Women only: Do you have natural children? no___ yes___
- If yes, what was your pregnancy like? _____
- What was the delivery like? (E.g. C-section) _____
- Are you in menopause? no___ yes___
11. What did you look like as a teenager? (body proportions) _____

Active and passive locomotor system

1. Do you suffer from injuries or did you have any in the past? Did you have to stay in hospital in recent years?
No___ if yes, when and what kind of problems did you have?

2. Do you suffer from whiplash or numbness? Did you do so in the past? (injuries to the neck)
No___ if yes, when and where?

3. Do you have problems with the following joints:
Torso:

A) Shoulder	no___	yes___
Elbow	no___	yes___
Hand	no___	yes___
Finger	no___	yes___

Trunk:

B) Cervical spine	no___	yes___
Thoracic spine	no___	yes___
Lumbar spine	no___	yes___

Legs:

- | | | |
|---------------------|------|-------|
| C) Sacroiliac joint | no__ | yes__ |
| Hip joint | no__ | yes__ |
| Knee joint | no__ | yes__ |
| Talocalcanean joint | no__ | yes__ |
| Foot | no__ | yes__ |

4. Do you suffer from rheumatism? no__ yes__
5. Do you suffer from osteoarthritis/arthritis? no__ yes__
6. Do you suffer from osteoporosis? no__ yes__

Aims and training

1. What kinds of sports/private activities did you perform?

2. How many times? _____
3. How often do you want to train at my30minutes? _____
4. What are your aims for your my30minutes personal fitness training? _____

Lifestyle

1. Do you smoke? no__ yes__ not anymore__
2. If yes, how many cigarettes each day? _____
3. If not anymore, when did you have your last cigarette? _____
4. Do you drink alcohol? no__ yes__
5. If yes, what kind of alcohol and how much per week do you drink?

6. What does your diet look like? _____
7. Please state the following for at least three days:
What does your biorhythm look like? _____
What is your sleep like? _____
8. What are your hobbies? _____

General informed consent regarding medical history:

The information above is necessary to avoid any potential risks for training with Miha Bodytec. In this respect, the customer states his consent with the collection and storage of this data. The collection of data is made solely for the purpose of implementing smooth personal training sessions.

The customer certifies that the information given above is true and given in good faith.

If there are any risk factors, the customer will present a medical certificate from his family doctor/attending physician prior to the first training session, stating that there are no medical reasons to doubt his taking part in the training with Miha Bodytec.

All data is collected and used only for the optimum purposes of the training.

Date, Place

Name/Signature