my 30 minutes Personal Fitness Training

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Medical History Questionnaire
Trial Session

First Name: _____

Middle Name: _____

Last Name: _____

Gender: M / F Birthday: ____/____/____ Age: _____

Mobile phone: _____

Home phone: _____

Work phone: _____

Email: _____

Adress: _____

City: _____

Country: _____

Emergency Contact Information:

Name: _____

Relationship: _____Phone:_____

Email: _____

How did you heard about us? _____

Contra-indicators Miha Bodytec

1. Do you suffer from epilepsy? (brain disorder) no___ yes___
2. Do you suffer from acute thrombosis? (heart disease) no___ yes___
3. Do you use a pacemaker? (device used to heart) no___ yes___
4. Do you suffer from serious medical conditions
   like cancer or MS? (Disease attacks the central nervous system) no___ yes___
5. Are you pregnant? no___ yes___
6. Dou you suffer from severe circulatory
   disorders? (Problems to heart, blood vessels) no___ yes___
7. Do you suffer from tuberculosis? (bacteria to lungs) no___ yes___
8. Do you suffer from severe neurological
   disorders? (Disorder to brain & spinal cord) no___ yes___
9. Do you suffer from Diabetes mellitus? (high sugar) no___ yes___
10. Do you suffer from bleeds? (Hemophilia) no___ yes___
11. Do you suffer from abdominal or inguinal
    hernia? (Tissue through abnormal opening) no___ yes___

Do you have any problems with your joints at the moment? no___ yes___

What is/are your goals/s? _____

On which area you would like to focus on? _____

Place, Date, Signature: _____

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