Coach Lil

# Health & Fitness Evaluation

Personal Training with Coach Lil · Palm Beach, FL · Online Worldwide

**ALL INFORMATION IS STRICTLY CONFIDENTIAL**

*Please complete this form and return it to Coach Lil before your free 20-minute discovery call. It takes about 10 minutes. Print clearly.*

## 1 Personal Information

Full Name _____ Date _____

Address _____

State _____ Post Code _____

Email _____

Date of Birth _____ Age _____ Height _____ Weight _____

Occupation _____ Hours / Week _____

**Emergency Contact**

Name _____ Phone _____ Relationship _____

## 2 Past / Present Health History

High blood pressure? ☐ Yes ☐ No High cholesterol? ☐ Yes ☐ No

BP / cholesterol medications _____

Meds with exercise restrictions _____

Do you have, or have you had, any indications of heart disease? ☐ Yes ☐ No If yes, check all that apply:

☐ Heart Attack ☐ Heart Valve Disorder ☐ Angina
☐ Arrhythmia ☐ Heart Murmur ☐ Peripheral Vascular Disease
☐ Diabetes Type 1 ☐ Diabetes Type 2 ☐ Kidney Disease
☐ Stroke ☐ TIA ☐ Other:

Have you undergone any heart procedures or surgery? ☐ Yes ☐ No If yes, check all that apply:

☐ Angioplasty ☐ By-pass Surgery ☐ Stent Placement
☐ Heart Catheterization ☐ Heart Transplant ☐ Pacemaker Implanted
☐ Implanted Defibrillator ☐ Other:

Recently experienced any of these signs & symptoms? ☐ Yes ☐ No If yes, check all that apply:

☐ Pain/discomfort in chest, neck, or jaw
☐ Dizziness or fainting with exercise
☐ Swelling in both ankles / a limb
☐ Pain in legs while walking
☐ Unusual fatigue with usual activities
☐ Shortness of breath at rest / mild exertion
☐ Shortness of breath 2–5 hrs after sleep onset
☐ Forceful or rapid heartbeats
☐ Severe leg pain walking uphill/stairs

Family history of heart disease? ☐ Yes ☐ No Do you smoke? ☐ Yes ☐ No

Did you quit smoking within the last 6 months? ☐ Yes ☐ No

Do you have a pulmonary disease? ☐ Yes ☐ No If yes: ☐ COPD ☐ Asthma ☐ Chronic Bronchitis ☐ Other: _____

Any other illnesses or diseases? ☐ Yes ☐ No If yes, list below:

| Illness / Disease | Past | Current |
|---|---|---|
| | | |
| | | |

## 3 Injuries, Pain & Surgeries

Do you have, or have you had, any injuries? ☐ Yes ☐ No If yes, list below:

| Injury | Past | Current |
|---|---|---|
| | | |
| | | |

Are you currently or recently experiencing any pain? ☐ Yes ☐ No If yes, list below:

| Pain / Location | Past | Current |
|---|---|---|
| | | |
| | | |

Have you had any surgeries not listed above? ☐ Yes ☐ No If yes, list below:

| Surgery | Year | Details |
|---|---|---|
| | | |
| | | |

Other conditions that may affect your ability to exercise

Are you pregnant or planning to become pregnant? ☐ Yes ☐ No If yes, details / due date: _____

## 4 Medications

*List any medications, supplements, or vitamins you currently take.*

| Medication | Restrictions? | Details |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

## 5 Current Physical Condition

Over the last 3 years, have you regularly done ≥30 min of activity, 3 days per week?
☐ No ☐ Yes, moderate (brisk walking) ☐ Yes, vigorous (jogging)

What physical activities do you currently do?

| Activity | Frequency | Duration |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Past exercise history (sports, programs, etc.)

Have you trained with weights / resistance training? ☐ Yes ☐ No Details: _____
Have you trained with a personal trainer before? ☐ Yes ☐ No Details: _____
Do you follow any specific eating program? ☐ Yes ☐ No Details: _____

## 6 Goals

What are your personal health and fitness goals? What would you like to achieve?

## 7 Self-Assessment

*Circle a number for each statement — 1 (strongly disagree) to 10 (strongly agree).*

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| I am in an excellent current state of health and well-being. | | | | | | | | | | |
| My body is fit and strong. | | | | | | | | | | |
| I regularly enjoy exercise. | | | | | | | | | | |
| I enjoy the benefits of exercise. | | | | | | | | | | |
| I have healthy current nutritional habits. | | | | | | | | | | |
| My eating habits leave me generally satiated and healthy. | | | | | | | | | | |
| I am happy with my body shape and size. | | | | | | | | | | |
| I have enough energy to get through the day. | | | | | | | | | | |
| My digestion is regular and healthy. | | | | | | | | | | |
| I move / stand instead of sit for most of the day. | | | | | | | | | | |
| I drink adequate water per day (½ oz per lb of body weight). | | | | | | | | | | |
| I have a healthy level of stress in my day. | | | | | | | | | | |
| My stress is well managed. | | | | | | | | | | |
| I can do my activities of daily living with ease and without pain. | | | | | | | | | | |
| I generally sleep well. | | | | | | | | | | |

## 8 Declaration & Signature

I hereby declare that the above particulars are true. I have no medical history or injuries which I have not made known to the trainer. I will inform the trainer of any changes to my medical conditions and/or physical injuries as soon as they occur.

I am under no obligation to take part in any exercises. I do so wholly under my own responsibility and with the knowledge that exercise may carry a risk of injury. I do not hold Lil Ristevska (Coach Lil) or any other trainer responsible or liable for any injury or illness.

I agree to cancel / reschedule no less than 24 hours before any personal training time set, or I am required to pay in full for that session.

☐ **I have read, understand, and agree to all conditions above.**

Signature

Date