



Personal Training Assessment & Health Profile

Before developing your customized plan, we will need to know a few things about you first. AquaRemedy will use important health and fitness information - provided by you - to help in developing a customized, condition-specific exercise prescription to meet your unique needs. Information provided by you on this assessment will remain confidential and secure, and will be used for the express purpose of developing your AquaRemedy PERSONAL TRAINING program only. Please answer the questionnaire as thoroughly as possible.

Please complete the following fields:

* Required

GENERAL INFORMATION

Name * Please provide your full name.

E-mail *

Address * Street number and name

City *

State *

ZIP *

Phone * (area code)###-####

Alternate Phone cell, work, etc.

Best time to call *

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Gender *

Female

Male

Date of Birth * mm/dd/yyyy

Height * feet' inches" (example: 5'9")

Weight * number of pounds (example: 160)

How did you find out about AquaRemedy? *

Internet Search

Friend Referral

Physician Referral

Physical Therapist Referral

Other:

EMERGENCY CONTACT

Emergency Contact Name * (In case of emergency this is who we should notify)

Emergency Contact Relationship * (spouse, partner, daughter, son, co-worker, etc.)

Emergency Contact Phone Number *

Primary Physician *

Physician's Phone Number *

HEALTH INFORMATION

1. Conditions *

Please read the following list of conditions and indicate if you are CURRENTLY affected by any of them by making selections below. Check all that apply.

abnormal blood pressure

cardiac arrhythmia

heart attack or angina

low vital lung capacity (below 1500mL)

high fever (over 100 degrees)

kidney disease

gastrointestinal disorder

infectious disease

radiation therapy (within the last 90 days)

contagious skin rash

I.V. lines, Hickman lines, etc.

tracheostomy

disorientation

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decreased mental status (combative)

alcohol and other drug use

anemia

arthritis

asthma or lung disease

back pain

blood clots

broken bones

cancer

depression

diabetes

fibromyalgia

hypoglycemia (low blood sugar)

liver disease

overweight

obese

stroke or seizures

ulcer

none of the above

Other:

Please Explain

If you checked any of the above, please elaborate on your condition (example: If you checked "abnormal blood pressure" above, you might answer, "I am being treated for high blood pressure.")

2. Pain *

Please indicate if you are FREQUENTLY bothered by pain in any of the following areas by making selections below. Check all that apply.

neck

upper back

shoulder

mid back

low back

elbow

forearm

wrist

hands/fingers

hip

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thigh

knee

shin

calf

ankle

foot/toes

None of the Above

Other:

Please Explain

If you checked any of the above, please elaborate on your condition (example: If you checked "low back" above, you might answer, "I have been diagnosed with osteoarthritis of the spine." or "I have no idea what is causing it, but I have a lot of pain in my low back.")

3. Ability to Perform Tasks of Daily Living *

Please indicate tasks that you have/would have difficulty performing (not because you don't like to do the task, but because you feel that you are physically incapable of performing the task).

car washing (by hand)

dusting furniture

gardening

grocery shopping

ironing

laundry

lawn mowing (push mower)

mopping

stair climbing

step climbing

vacuuming

work - heavy physical exertion

work - moderate physical exertion

work - light physical exertion

I can perform ALL of the above tasks

I can perform NONE of the above tasks

Other:

Comments on Ability to Perform Tasks of Daily Living.

4. Aid Devices *

Please indicate if you use any of the following aid devices. Check all that apply.

cane

walker

scooter

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wheelchair

crutches

neck brace

wrist brace

forearm brace

elbow brace

back brace

soft knee brace

"unloader" knee brace

ankle brace

orthotics

None of the Above

Other:

Tell us more about your use of aid devices:

If you clicked on any of the above, please indicate the use/frequency (always, frequently, sometimes, seldom) of each device you use (example: If you checked "orthotics" above, you might answer, "Orthotics=Always.")

EXERCISE HISTORY

1. Sports Activities *

Please indicate which of the following activities (if any at all) you are CURRENTLY participating in for at least 30 minutes per session, 2-3x/week.

low impact aerobics

high impact aerobics

baseball

basketball

stationary bicycling

regular bicycling

canoeing, rowing

circuit weight training

golf

handball

hockey

racquetball

roller blading

rope jumping

running

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scuba or skin diving

skating - ice

skating - roller

sky diving

snorkeling

softball

spinning

stair climbing

swimming

squash

tennis

volley ball

walking

water aerobics

water exercise

weight training

None of the Above

Other:

Comments on Sports Activities.

2. Swimming Experience *

Although it is not necessary to know how to swim to enjoy AquaRemedy programs, we would like to know if you can swim the following strokes:

the crawl stroke ("regular swimming")

back crawl ("backstroke")

elementary backstroke

sidestroke

breaststroke

butterfly

underwater

All of the Above

None of the Above

Other:

3. Do you like to swim? *

Absolutely

No Way

I can take it or leave it...

Other:

EXERCISE GOALS

1. Which AquaRemedy program are you interested in? * Check all that apply.

Aquatic Fitness

General Fitness

Strength Training

Arthritis Fitness

Post-Rehab

Other:

2. How often do you plan to attend? *

2x/week; 8 one hour sessions/month

3x/week; 12 one hour sessions/month

4x/week; 16 one hour sessions/month

5x/week; 20 one hour sessions/month

Other:

3. Please specify the following goals that appeal to you. *

You may choose as many as you wish!

To find a personal fitness program that picks up where my physical therapy

program left off.

To find a personal fitness program that is NOT a "cookie cutter" design, and is developed for me.

To find a fun, uncomplicated workout program.

To improve my general health.

To find a cross-training program.

To improve my joint flexibility.

To increase muscle strength.

To improve muscle endurance.

To improve my respiration and aerobic endurance.

To improve my circulation.

To reduce the risk of heart disease.

To correct my posture.

To improve my balance and coordination.

To reduce the risk of osteoporosis.

Increase or maintain bone density.

To tone my body; add lean muscle mass.

To decrease cholesterol levels.

To reduce the risk of diabetes.

To lose weight.

To maintain my current weight.

To gain weight.

To reduce body fat%.

To increase my overall energy level.

To reduce my pain.

To decrease depression.

To improve my sense of well-being.

Other:

2. Tell us more about your fitness goals:

Thank You!

Please call AquaRemedy (M-F, 9 am—5 pm, MT) at 480-243-7267 for questions regarding this assessment, or to arrange an appointment to discuss your new AquaRemedy program. We look forward to speaking with you!

By submitting this form, I hereby certify that I am over the age of 18, and have read and agree to the terms of the AquaRemedy Participant Release Agreement found at <http://aquaremedy.com/release.htm>.

Signed:

Date