

# ATHLETE INTAKE QUESTIONNAIRE



## CONTACT & GENERAL INFO

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

Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

## **AGENT INFORMATION** *(if applicable)*

Agent Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## SPORT & TRAINING

Sport/s Played: \_\_\_\_\_ Position/s: \_\_\_\_\_

What are your training goals? \_\_\_\_\_

What types of exercise do you participate in or enjoy? \_\_\_\_\_

How many times a week do you currently exercise? \_\_\_\_\_

## HEALTH HISTORY

Have you ever been diagnosed with a heart condition?  Yes  No

Do you experience chest pain during physical exertion?  Yes  No

Do you have high or low blood pressure?  Yes  No

Do you have asthma or other respiratory issues?  Yes  No

Do you have diabetes or any metabolic diseases?  Yes  No

Have you ever had surgery or serious injury?  Yes  No If yes, please describe surgery/injury and provide date:

\_\_\_\_\_

Do you have any known allergies?  Yes  No If yes, please list: \_\_\_\_\_

Are you currently on any medications?  Yes  No If yes, please list: \_\_\_\_\_

Do you have any joint or muscle problems that could be aggravated by exercise?  Yes  No If yes, please describe: \_\_\_\_\_

Are there any other medical conditions or physical limitations we should be aware of? \_\_\_\_\_

\_\_\_\_\_

## CONSENT

I, the undersigned, affirm that the information provided above is accurate to the best of my knowledge. I understand that it is my responsibility to consult with a physician prior to participating in any exercise program.

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

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