

Faith in Action

Personal Information

Of:

Faith in Action

Personal Data

Date: _____

Name: _____

Age: _____

Address: Street _____

Height: _____

City, State, Zip _____

E-mail address: _____

Home phone: _____ - _____ - _____ Work: _____ - _____ - _____

Cell phone: _____ - _____ - _____ Referred by: _____

Date of Birth: _____ / _____ / _____

Occupation: _____

Medications: _____

Injuries: _____

Emergency Contact: 1. _____

Phone: _____ - _____ - _____

2. _____

Phone: _____ - _____ - _____

Family Physician: _____

Doctor's Address: Street _____

Ste: _____

City, State, Zip _____ Phone #: _____ - _____ - _____



Present History

Check the space in front of those questions to which your answer is yes.

- _____ Has a doctor ever said that your blood pressure was too high or too low?
- _____ Do you ever have pain in your heart or chest?
- _____ Does your heart ever race like mad?
- _____ Do you ever notice extra heart beats or skipped beats?
- _____ Are your ankles often badly swollen?
- _____ Do cold hands or feet trouble you even in hot weather?
- _____ Has a doctor ever said that you had or have heart trouble, an abnormal electrocardiogram (ECG or EKG), heart attack or coronary?
- _____ Do you suffer from frequent cramps in your legs?
- _____ Do you often have difficulty breathing?
- _____ Has a doctor ever told you your cholesterol level was high?

Comments: _____

Do you have now or have you recently had:

- _____ A chronic, recurrent or morning cough?
- _____ Increased anxiety or depression?
- _____ Problems with recurrent fatigue, trouble sleeping or increased irritability?
- _____ Migraine or recurrent headaches?
- _____ Swollen or painful knees or ankles?
- _____ Pain in your legs after walking short distances?
- _____ Back pain?
- _____ Kidney problems, such as passing stones, burning, increased frequency decreased force of stream or difficulty in starting or stopping your stream?
- _____ Any stomach or intestinal problems such as recurrent heartburn, ulcers, constipation or diarrhea?
- _____ Any significant vision or hearing problems?



Women Only answer the following:

- _____ Do you have any menstrual period problems?
- _____ Did you or do you have any significant childbirth problems?

Please give number of: Pregnancies _____ Living children _____



Diet

Have you ever had any previous nutrition education? Yes No
 What do you consider a good weight for yourself? _____ Lbs.
 What is the most you have ever weighed? (including when pregnant) _____ Lbs.
 At what age? _____
 Weight: Now _____ One year ago _____ At age 21 _____

Number of meals you usually eat per day: _____
 Size of meals (circle): Small Medium Large

Average number of whole eggs you usually eat per week (do not count eggs used in cooking and baking): _____

Number of times you eat the following per week:
 _____ Bread, Rice, Pasta _____ Desserts
 _____ Vegetables _____ Fruit
 _____ Beef _____ Fish _____ Pork _____ Fowl
 _____ Chips/Crackers _____ Fried foods

What kind of fat or oil do you use when cooking? _____

Number of servings (cups/ glasses) per week you usually consume of:
 _____ Homogenized (whole) milk _____ Buttermilk _____ Coffee
 _____ Skim or non-fat milk _____ Tea _____ Two percent milk

Do you have any food allergies or intolerances (Please list):

Do you ever drink alcoholic beverages? _____ Yes _____ No
 If yes, what is your approximate intake of these beverages?

Beer _____ None _____ Occasional _____ Often
 How many drinks per week? _____

Wine _____ None _____ Occasional _____ Often
 How many drinks per week? _____

Hard Liquor _____ None _____ Occasional _____ Often
 How many drinks per week? _____

At any time in the past were you a heavy drinker (consumption of 6oz. Of hard liquor per day or more? _____ Yes _____ No



Exercise

Are you currently involved in a regular exercise program?

_____ Yes _____ No

Do you regularly walk or run one or more miles continuously?

_____ Yes _____ No _____ Don't know

What is your average time per mile? _____ Minutes / seconds _____ Don't know

Do you practice resistance or weight training or home calisthenics?

_____ Yes _____ No

Are you involved in an aerobics program?

_____ Yes _____ No

If yes, the average time you spend each week doing aerobics is: _____

Have you taken in the last 6 months:

_____ 12 minute run _____ 1.5 mile run _____ Neither

If yes, your mile in minutes: _____

Your 1.5 mile run (minutes / seconds): _____

Do you currently participate in competitive sports?

_____ Yes _____ No

If yes, which one or ones?

- | | | | |
|------------------|-----------------|--------------------|-----------------------|
| _____ None | _____ Soccer | _____ Gymnastics | _____ Motor-Cross |
| _____ Football | _____ Swimming | _____ Martial arts | _____ Mountain biking |
| _____ Basketball | _____ Tennis | _____ Hockey | _____ Rock climbing |
| _____ Baseball | _____ Wrestling | _____ Diving | _____ Skate boarding |
| _____ Track | _____ Golf | _____ Sky diving | _____ Roller Blading |

Are there other sports or recreational activities you participate in that we have not mentioned?

Have you ever trained with a professional personal trainer before?

_____ Yes _____ No

Have you ever been introduced to functional personal training using Swiss balls and free weights?

_____ Yes _____ No

On a scale from one to ten how much value do you place on exercise in your life? (1 being very low – 10 being very high) _____

Explain any other significant medical problems that you consider important for us to know:



Spirituality

Which Religious or Spiritual affiliation were you born in to if any?

_____ Christian _____ Atheist _____ Jewish
_____ Buddhist _____ Muslim _____ Other

Which Religious or Spiritual affiliation do you belong to now if any?

_____ Christian _____ Atheist _____ Jewish
_____ Buddhist _____ Muslim _____ Other

Which church / synagogue or place of worship do you attend? _____

How often do you attend per month? _____

How often do you pray or meditate during the course of your average day? _____

When you do pray or meditate how long do you take until you are usually finished? _____

Would you be interested in learning about the Christian based program that Faith in Action offers? _____ Yes _____ No



How excited are you right this very moment?

