

Assessment Form

All Grand Physiques Trainers must evaluate a client's total lifestyle and not just their exercise needs.

Age: ___ Sex: ___ Weight: _____ Hours of Sleep day/night: ___ Daily Water Intake: ___ Height _____.

Occupation: _____.

The most valuable service you can offer your client is the identification of his/her specific "health risk factors". Your NFPT Certification will not qualify you to administer exercise to persons with one or more Major Health Risk Factor(s) present without the direct involvement of a medical physician (approval). The following are Major Risk Factors that need to be identified.

1. Do you have diabetes?
2. Is the client clinically obese (body composition interfering with the performance of the simplest of daily tasks)?
3. Is your TOTAL cholesterol to HDL cholesterol ratio greater than 5 to 1?
4. Have you ever had an abnormal exercise ECG?
5. Do you have a history of high blood pressure?
6. Do you have a family history of coronary or other atherosclerotic disease prior to age 50?

Have You Ever Suffered:

7. heart attack
8. had bypass surgery
9. cardiac surgery
10. extreme chest discomfort
11. high blood pressure over 145/95
12. over 35 and smoke
13. serum cholesterol over 240 mg/dcl
14. irregular heart beats
15. heart murmurs
16. rheumatic fever
17. ankle swelling
18. any vascular disease
19. phlebitis
20. unusual shortness of breath
21. fainting
22. asthma, emphysema, or bronchitis
23. abnormal blood fat levels
24. stroke
25. emotional disorders
26. recent illness, or hospitalization
27. drug allergies
28. orthopedic problems, or arthritis

Family History of Disease?

Cardiovascular Issues?

Current Client Medications?

Chronic Illness, Injury or Limitations?

Have you ever had a surgery or injury? If so, what was the surgery or injury(s)?

Are you currently going through Physical Therapy or have you ever gone through physical therapy?

Any restrictions or limitations as described by a Physician?

Any additional concerns you wish to disclose at this time?

As personal fitness trainers, we must inform our clients of the contraindications (symptoms of overexertion or injury) to exercise, so the client will be able to distinguish the difference between discomfort that is to be expected, and discomfort that could indicate an underlying problem. If a client experiences any joint pain, dizziness, nausea, rapid pulse, excessive sweating, extreme muscle soreness, cramping, or chest pain, he/she should immediately stop exercising, consult with you, and if need be, their personal physician. It is always up to the client to consult their physician before starting any exercise programs. We will not offer medical advice and we ask that you seek a medical professional in all matters concerning your health.

I attest that I have read and understand this document, and agree to all the provisions listed above.

Participant Name

Participant Signature

Date: