DIGMAN FITNESS
RESTORE YOUR BODY. REVITALIZE YOUR LIFE.

Confidential Health/Exercise History Form

Take the time to answer the questions below so that I can gain an understanding of where I can approach our training. Please answer the questions the best you can so that I can administer a helpful, safe and effective plan for you.

Name: _____ Date: _____

Email: _____ Ph# _____

Occupation: _____

Health History:

Date of last physical exam _____

Current feeling health (scale 1-10) ___ Physical health 1 yr ago (1-10) ___ 5 yrs ago___

Currently pregnant ___ Currently Smoke ____ High Blood Pressure___ Cholesterol___

Do you currently have, or have you ever had: *(check any that apply)*
Cardiac arrest____ Coronary bypass____ Angina/chest pain____ Heart Murmurs____
Extra, skipped, rapid heartbeats____ Any other cardiac event/surgery____
Lightheadedness/fainting_____ Asthma____ Chronic coughing_____ Bronchitis_____
Diabetes____ Type____ Stroke____

List any medications/notes
_____
_____

Do you have pain, chronic soreness, stiffness or reduced range of motion in any of the following areas: (list as many detailed notes as possible)

Neck (injury, date, rehab, etc.) _____
Shoulders (injury, date, rehab, etc.) _____
Upper Back/Chest _____
Arms/hands/wrists _____
Lower Back _____
Legs/Ankles/Feet _____

Exercise Habits/Goals:

How often do you currently workout ea. week _____How long do these sessions last____
How long have you been exercising consistently (weeks, months, yrs.)_____

What type of exercise do you perform _____
Goals:

1. _____
2. _____
3. _____

Assessment: **Date:**

Test#1- Wall Ankle Mobility Test

Result Notes _____

Test#2- Thomas Test (hips/quadracep Flexibility)
Result Notes _____

Test#3- Supine Hamstring (hamstring flexibility)

Result Notes _____

Test#4- OH Squat (overall mobility)

Result Notes _____

Test#5- OH Shoulder Reach & Scapular Mobility (mobility/pain test)

Result Notes _____

Test#6- Pushup (1:00)

Result Notes _____HR:_____

Test#7- Squats (1:00)

Result Notes _____HR:_____

Test#8- Bike Test (1:00 or 1 mile) or Step Test (3:00)

Result Notes _____HR:_____

Test#9- Grip Strength (KG)

Result Notes _____

Test#10- Measurements

Stomach-_____ Chest- _____ Waist- _____ Hips-_____