HalMET
Medical Exercise Training

Halifax Medical Exercise Training

CLIENT INTRODUCTORY INTAKE FORM

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Physicians Name: _____ Phone: _____

Please allow 24 hours notice if you need to cancel or reschedule your appointment.

Personal Info

What made you decide to do exercise training? _____

What is your primary goal? _____

What are your favorite activities? _____

On a scale of 1-10, how would you rate your current fitness level (1=worst, 10=best)? Enter Number Choose

Health ~ PAR-Q Form **Please mark YES or NO to the following:**	**YES**	**NO**
- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	☐	☐
- Do you feel pain in your chest when you do physical activity?	☐	☐
- In the past month, have you had chest pain when you were not doing physical activity?	☐	☐
- Do you lose your balance because of dizziness or do you ever lose consciousness?	☐	☐
- Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory aliments, back problems, etc)?	☐	☐
- Are you pregnant now or have given birth within the last six months?	☐	☐
- Have you had a recent surgery?	☐	☐
- Do you take any medications, either prescription or non-prescription, on a regular basis?	☐	☐
- What is the medication for? _____		
- Do you know of any other reason why you should not do physical activity?	☐	☐
- If you marked yes to any of the above, please explain below:		

All information received on this form will be kept confidential. Please fill out completely and accurately.