PASCAL BOLLMANN

Gesundheitsfragebogen

Last name: _____

First name: _____

Street: _____

Postal Code/Place: _____

Home phone: _____

Work phone: _____

Mobile: _____

E-mail: _____

Date of birth: _____._____._____

Profession: _____

Health insurance: _____

Personal questions

What are your hobbies?
Do you engage regularly in sports? ☐ yes ☐ no If yes, what sport and how many times a week?
Have you had personal training/fitness training before? ☐ If yes, when was it, and how many times a week?
☐ If no, how long have you been considering starting personal training?
What are your training goals?
How many times per week/month would you be able/willing to make time for PB of Move4Health AG? ☐ once ☐ twice ☐ 3 times ☐ more
How/through whom did you become aware of us?
Why have you choosen Move4Health AG?

I hereby confirm that the information I have provided is accurate and complete:

Date/signature: _____

Health questionnaire

Do you have back problems?	☐ yes	☐ no
Joint problems?	☐ yes	☐ no
Any operations?	☐ yes	☐ no
Do you take medications?	☐ yes	☐ no
Complaints involving lower body strain?	☐ yes	☐ no
Asthma?	☐ yes	☐ no
Varicose veins?	☐ yes	☐ no
Stress?	☐ yes	☐ no
Bronchitis?	☐ yes	☐ no
Are you in the care of a physician?	☐ yes	☐ no
Are you in a therapist's care?	☐ yes	☐ no
Any metabolic disorders? (thyroid gland, blood sugar)?	☐ yes	☐ no
Pregnancy?	☐ yes	☐ no
Bladder weakness?	☐ yes	☐ no
Are you currently on a diet?	☐ yes	☐ no
Have you ever had an ECG?	☐ yes	☐ no

Risk factors

Age	Over 45	10 ☐
	Over 35	4 ☐
	Until 35	0 ☐
Cardio-vascular	Cardiovascular Heart defect	40 ☐
	Heart attack	40 ☐
	Dysrhythmia	40 ☐
	No cardiac insufficiency	0 ☐
Family	Heart attack bevore 60?	16 ☐
	Heart attack after 60?	6 ☐
Blood-pressure	High	8 ☐
	Not known	4 ☐
	Normal	0 ☐
Weight	Overweight	4 ☐
	Normal weight	0 ☐

Total points: _____Height:_____

36 or more	A doctor's visit is recommended
20-35	Health training
0-19	No restrictions