



ANAMNESIS

1. Personal Data

Date:

Name:

Surname:

Sex:

Age:

Date of birth:

Address:

Postal code:

City:

Mobile phone:

Email:

Contact person in case of emergency:

Relationship:

Phone:

2. Health

2.1 Locomotor

- Joint, muscle or back problems:

- Cervical:

- Dorsal:

- Lumbar:

- Shoulder:

- Elbow:

- Wrist:

- Hip:

- Knee:

- Ankle:

- Other:

2.2 Medical History

- Cardiovascular problems (heart, blood circulation, ...):

- Breathing or lung problems (chest pain, breathlessness, bronchitis, asthma, ...):

- Hernias or other conditions that could be aggravated by the practice of physical exercise:

- Weakness, dizziness or loss of consciousness:

- Hypertension or hypotension:

- Medical recommendation not to do exercise:

- Any surgery during the last year:



- Diabetes or other hormonal disturbances:
- Pregnancy. Currently or in the past 3 months:
- Digestive problems (slow digestion, gas, constipation):
- Hypercholesterolemia:
- Overweight (from the years):
- Tendency to rapid changes in weight (win or lose):
- Cellulite:
- Menstrual problems:
- Insomnia:
- Stress:
- Excessive nerves or anxiety for no apparent reason:
- Does your doctor know that you are going to start an exercise program?:
- Do you smoke? Cigarettes per day: When did you start?
- Do you take any other drug?
- Are you allergic to medicines, foods or other substances? To which?
- Are you currently taking any medications? Which?
- Do you know the measurements of your blood pressure? High Low

2.3 Family history

- Does anyone in your immediate family have or have been treated for any of the following diseases? Indicate kinship (father, mother, brother, etc.).
 - Diabetes
 - Hypertension
 - Breathing problems
 - Cholesterol
 - Heart Disease
 - Stroke (ictus)
 - Overweight
 - Cardiovascular problems
 - Epilepsy



3. Lifestyle

3.1 Lifestyle and working habits

- Daily activity: Complete the table marking sleep, work, meals, training, leisure, etc.

00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23

- Profession: Make a brief description of your work activity (physical demands, posture, ...) and add any comments related to possible variations on the scheme indicated above (weekends, significant variations in working hours, etc.)

3.2 Sporting life habits

- Did you previously practice any sport or physical activity?

- Which?

- How often did you practice weekly?

- How many hours a day?

- How long (years) were you doing that activity?

- Do you practice any sport or physical activity now?

- Which?

- How often do you practice weekly?

- How many hours a day?

- How long (years) are you doing that activity?

- Have you ever trained in a fitness center or with a personal trainer?

- How long were you doing it?

- Why did you quit?



3.3 Nutritional Habits

- Do you keep any kind of diet? Which?
- How often do you eat out from home?
- What is the size of the portions you usually eat?
- How many times a week you eat fried food?
- Do you regularly use fat to cook? Which kind?
- Do you usually eat sweets and candies?
- Do you accompany meals with bread?
- Do you add salt to your food?
- Do you eat between meals?
- How long takes to you to have a meal?
- Do you take any supplements? Which? For how long?
- Drinks with meals and quantity:

- Briefly describe the different meals throughout the day:

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

- Indicate the type of beverage you consume and daily and / or weekly rate:

Drink	Daily Amount	Weekly Amount
Water		
Juice		
Refreshments		
Milk		
Coffee / Tea / infusions		
Wine / beer		
Others		



4. Motivations and interests

- How many days a week do you intend to train?
- How long each training session?

- Which is your availability?

monday	tuesday	wednesday	thursday	friday	saturday	sunday

- Rate your capacity from 1 to 5 in the following (1 very low, 5 high):

	1	2	3	4	5
Endurance					
Strength					
Speed					
Flexibility					
Agility and coordination					

- Which of these activities do you like more?

- Stairs
 Steps
 Treadmill
 Running outdoors
 Cross trainer
 Cycling, spinning
 Rowing
 Bodyweight
 Free weights
 Strength machines
 Bands
 Fitball / Bosu / TRX
 Pilates
 Breath control
 Stretching
 Other activities:



Which are your goals?

• **An improvement in my health:**

- Improve physical condition
- As prevention of diseases resulting from inactivity
- Ease some pain / Rehabilitation. Specify:
- Win or lose weight
- Hypertension or hypotension
- Relax and combat stress
- Have fun and meet new people

• **An improvement in my athletic performance:**

- Improve cardio-respiratory endurance
- Improve strength
- Improve flexibility
- Specific physical preparation. Specify:
- Supplement to other sport. Specify:

• **For an esthetic reason:**

- Improvement of body image
- Definition / fat loss
- Gain muscle mass
- Improve ratio fat - muscle

- Others. Specify:

- Which are your hobbies?