



VERON STUDIO

GENERAL INFORMATION

- Name:-----
- Date of Birth : -----
- Telephone :-----
- Profession :-----

SPORTS INFORMATION

- What sports do you currently do?

- Mark the intensity of your sports?
 - Not active
 - Sometimes (1 time per week)
 - 1 to 2 times per week
 - 3 to 4 times per week
- If you not active, how long you've been inactive
..... -----

MEDICAL INFORMATION

- Did your doctor recommended you to avoid the physical activity ?
 Yes No
- Commentaries:-----
- Do you have diabetes type 1 or 2?----- Yes No
- Do you have a cholesterol level too high? Yes No
If so, how much is it? -----
- Do you have heart problems? Yes No

- Do you sometimes feel pain in your upper chest? Yes No
- Do you suffer from hypertension? Yes No
How much you have? -----

INJURIES OR PHYSICAL PROBLEMS

- Do you smoke? if you do, How many cigarettes per day? Yes No

- Do you take any medication? Yes No
If you do, which ones?-----

- Does anyone in your family has had :
 A heart attack an attack of hypertension diabetes

- Do you have any injuries at the moment? Yes No

Description : -----

- Do you have any back problems? Yes No

Description/Diagnosis ?-----

Localisation :

Problem :

Radiating pain ?

Neck

Acute Chronic

Yes No

Back

Acute Chronic

Yes No

Lower back

Acute Chronic

Yes No

Have you ever been treated for these problems? Yes No

If yes, what type of treatment ? (Operation, kinesitherapy, other...)

- Do you have any problems in the joints or muscles? Yes No
Description/diagnosis? -----

Localisation :

Problems :

Acute Chronic

Acute Chronic

- Have you ever had a surgery, suffered serious injuries or medical conditions? Yes No

If you did, description:-----

OBJECTIVE

- How important are the objectives listed below?

(1 is « not significant » and 5 is « extremely important »)

Endurance:----- 1 2 3 4 5

De-stress :----- 1 2 3 4 5

Force : ----- 1 2 3 4 5

Lose weight:----- 1 2 3 4 5

Strenght endurance: ----- 1 2 3 4 5

Mobility: ----- 1 2 3 4 5

Explosive force :----- 1 2 3 4 5

Flexibility : ----- 1 2 3 4 5

Other : -----

- How many times per week you would like to come :

-2 X

2-3 X

> 3X

- Recommanded category :

SPORT

FORCE

HEALTH

SILHOUETTE
