



Athlete History Questionnaire

PERSONAL EVALUATION

Name:

Street Address:

City/State/Zip:

Home Phone:

Work:

Cell:

Birthdate:

Age:

Height:

Weight:

Other personal information:

Occupation:

hours p/week:

Married:

How did you hear about EHS Tri?



Personal Coaching and Contract

Coaching Contract

I hereby contract EHS Tri as my personal coach for endurance sports. I agree to pay services up front at the rate of **\$250** (includes Baseline Threshold Power Test and Annual Training Plan Design) for the initial consultation, **\$199/\$99** per month for coaching services, and/or **N/A** per hour for one-on-one coaching sessions. I understand that the one-on-one coaching sessions will be billed in hour increments. I further understand that payment for the initial consultations and monthly fees will be paid in advance of receiving said services. Payment for the one-on-one coaching sessions will either be paid in advance or invoiced at the end of training month. It is my understanding that invoiced sessions must be paid no later than 10 business days of invoice date.

Waiver and Release from Liability

In consideration for being accepted as a client by EHS Tri for the purposes of improving my fitness, I hereby attest that I am in good health, that my statements in the Athlete Questionnaire are accurate to the best of my knowledge, and that my physical condition has been verified by a licensed medical doctor. I fully understand the risk inherent in such a fitness program and accept for myself, my heirs, and my personal representatives' full responsibility for personal bodily injury, death, or property losses that may occur as a result of my being a part of this program or engaging in training sessions. I hereby indemnify and save and hold harmless Jon Stellwagen - Managing Member, Steve Kurczewski – Managing Member, Coaches associated with EHS Tri, and EHS Tri from any loss, liability, damage, and cost I may incur due to my participation in this program. I have read and voluntarily signed the waiver and release from liability, and further agree that no oral representatives, statements, or inducements apart from the foregoing written agreement have been made.

By signing below, I agree to the above Contract and Release from Liability

Please PRINT your full name _____

Signature _____ **Date** _____

Guardian if under 18 (Print name) _____

Signature _____ **Date** _____

If you have any questions please feel free to contact EHS Tri at 203-983-5748 or email jstellwagen@elitehealthservices.com. Please retain a copy of this Contract and Release for your own records



Athlete History Questionnaire

MEDICAL HISTORY

Name:

Street Address:

City/State/Zip

Home Phone:

Work:

Cell:

Personal Physician

Emergency Contact

Name:

Name:

Address:

Relationship:

City/State:

Day phone:

Zip:

Other Phone:

Medical History

Please list any medications taken on a regular basis (prescription and nonprescription)

Medication	Dose	Frequency	Reason
------------	------	-----------	--------

Allergies

Are you allergic to any medications? NO YES

Allergic to:

Reaction:

Past and Current Medical History

Please list any current illness, recent injuries, recent surgeries, or past medical problems or surgeries of note



Do you have, or have you had, any of the following

	Y	N		Y	N
Heart Disease	___	___	Asthma	___	___
Heart Attack	___	___	Wheezing	___	___
Heart Surgery	___	___	Diabetes	___	___
Stress Fracture	___	___	Anemia	___	___
Thyroid problems	___	___	Hypertension	___	___

If female, any chance you could be pregnant? ___yes ___no

Any special medical needs or information the EHS Tri should be aware of?



ATHLETIC HISTORY

1. Please list the sports and activities in which you have participated most often throughout your life. Include duration participated, how long ago, how competitive you were and any comments

2. List your best (or favorite) race results, events, times, place, conditions, so on

3. On average, how many miles or hours per week did you train last year?

4. Have you ever done any strength resistance training? y n

5. Do you feel you have ever overtrained? If yes please describe the type and amounts of training you were doing at the time

6. Do you have any chronic injuries from any sport or activity that may flare up or should be taken into consideration in developing your training plan?

7. What do you feel are your strengths and weaknesses as an endurance athlete?



CURRENT FITNESS LEVEL INFORMATION

1. What is your waking pulse? _____ beats per minute.

1a. Is this high or low for you? High Low Don't know

2. Circle what you feel is your current fitness level compared to your highest fitness level in the past five years. (1 = high, 5 = low)

1 2 3 4 5

3. Describe your current training week. If you keep a training log, include a copy of the last week/month

4. Is this more less the same as a normal training week?

5. Describe your longest single workout in the last three weeks?

6. How many hours per week do you spend training now?

7. Please list exactly when and how much time you available for training?

Monday__ Tuesday__ Wednesday__ Thursday__ Friday__

Saturday__ Sunday__

8. How many days per week do you take off from training?

8a. Ideally, how many days would you like to take off from training?

9. Are you currently recovering from any injury or illness? Explain



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Part I

Please explain any "Yes" answers in the space below

1. Has a doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

Y N

2. Do you have chest pain brought on by physical activity?

Y N

3. Have you developed chest pain within the last month?

Y N

4. Do you tend to lose consciousness or fall over as a result of dizziness?

Y N

5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?

Y N

6. Has a doctor ever recommended medication for high blood pressure or a heart condition?

Y N

7. Are you aware, through your own experience or a doctor's advice, of any other physical reasons against your exercising without medical supervision?

Y N

Explain:



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Part II - *Please explain any "Yes" answers in the space below*

1. Do you have any metabolic diseases, controlled or uncontrolled, such as diabetes, hyperthyroidism, hypothyroidism etc.?

Y N

2. Do you, or have you ever, smoked regularly?

Y N

3. Do you take any drugs or medications?

Y N

4. Are you, or have you been, recently pregnant?

Y N

5. Do you have high cholesterol?

Y N

6. Have you had any surgery in the past year?

Y N

7. Have you ever had an injury that caused you to stop exercising for more than one week?

Y N

8. Are you, or have you ever been, anorexic or bulimic?

Y N

9. Are there any other physical or emotional problems that may affect your training?

Y N



Equipment and Other information

1. Do you own a heart rate monitor? Y N

1a. If so, what brand and model?

2. What is the highest heart rate you have noticed while running?

2a. During Cycling?

2b. During another sport?

3. Please check off the equipment that you own or have access to:

Triathlon Bike

Mountain Bike

Road Bike

Resistance Trainer

Bike Computer, list features:

Rollerblades

Running Track (1 lap = ?)

Treadmill

Pool

Water Jog Vests

Nautilus Type Weights

Free Weights

Nordic Track

Rowing Ergometer

Stair Master/Stepper

Open Water

Steep, Short Hill

Longer, Moderate-grade hill

4. At the end of this month, how will you judge if your training program is working?

5. At the end of the season, how will you judge if this training program is working?

6. Why do you train and compete in endurance sports (be honest)?