



Running Client Consultation

Name: _____ Home phone: _____ Cell phone: _____

Street Address: _____ Apt: _____ City: _____

Zip: _____ Email: _____ DOB: _____ Age: _____

Sex: _____ Height: _____ Weight: _____ Dress Size/Waist: _____

How did you hear about me? _____

Occupation: _____ Employer: _____ Phone: _____

Marital Status: _____ Emergency Contact: _____ Phone: _____

Relationship: _____

Primary Physician: _____ Phone: _____

May I send a copy of your consultation to your Primary Physician? Yes ___ No ___

What are your running goals? _____

What are your nutrition goals? _____

What are your exercise goals? _____

Why are you choosing to utilize a running coach? _____

Health History Questionnaire

Please circle Y or N to any of these past or present problems? If yes, please explain why.

Arthritis Y N _____

Depression Y N _____

Diabetes Y N _____

Smoker Y N _____

Are you taking any type of vitamin/s? Y N What kinds? _____

Are you currently exercising? Y N

If yes, how many days a week? _____ On what days? _____

How many minutes a day? _____ Describe exercise or activity? _____

Have you done any type of cross-training into your workout? Y N If yes,

what types? _____

Have you used heart rate monitoring into your training? Y N If yes, please

explain? _____

To the best of my knowledge, the information I have provided is accurate. I will agree to inform Tod Esquivel of any changes in my health status as it changes in the future.

Signature _____

Date _____

Signature of parent if under 18 _____

Date _____

Witness _____

Date _____

Health History Questionnaire (continued)

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Y N
2. Do you feel pain in your chest when you do physical activity? Y N
3. In the past month, have you had chest pain when you were not doing physical activity? Y N
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Y N
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Y N
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? Y N
7. Do you know of any other reason why you should not do physical activity? Y N

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signature _____

Date_____

Signature of parent if under 18_____

Date_____

Witness_____

Date_____

Informed Consent

I, _____, voluntarily consent to engage in a biomechanical stride analysis, cardiovascular fitness test, exercise prescription program, flexibility test, muscular endurance test, muscular strength test, and a running program. I understand any of these exercises or tests may involve me exerting myself beyond my normal exercise routine/s.

I, _____, understand that certain physical changes could occur to me during these exercises and tests. Such occurrences that could happen are abnormal blood pressure, back problems, cardiac arrest, fainting, heart failure, knee problems, a reaction to any current medications that are being taken by the client, and any shoulder problems.

Even though I will be observed by Tod Esquivel during testing and training, I understand that I am responsible for monitoring my own condition throughout the procedures, and should any unusual symptoms occur, I will cease participation and inform Tod Esquivel of any and all symptoms.

I, _____, also understand that an emergency could happen. In the event an emergency occurs, I, _____, am financially responsible for any emergency services that might be deemed necessary.

I, _____, agree to assume all risks of the exercises and fitness testing and hereby release and hold harmless Tod Esquivel from all health claims, suits, losses, or cause of action for damages, injury or death, including claims for negligence, arising out of or related to my participation in the fitness assessment.

I have read the foregoing carefully, and I understand its content. Any questions that may have occurred to me have been answered to my satisfaction.

Signature _____

Date _____

Signature of parent if under 18 _____

Date _____

Witness _____

Date _____

Running Client Questionnaire

Please answer and be specific as much as possible to get to know your past and present history to help me set you up on a Challenging but Safe program.

1. How long have you been a runner? _____
2. Did you run in any type of school? Y N If so, what grade/s or level/s?

3. Have you or do you currently have a running log? Y N
4. What is the highest mileage that you have ever attained in your running in a
Day_____? Week?_____ Month?_____ Year?_____
5. Have you ever had or currently have any injury/s? Y N
6. If so, please explain each injury in detail concerning cause, symptoms, and treatment?

7. Have you ever run twice a day? Y N
8. What types of training do you like? _____
9. What types of training don't you like? _____
10. What types of surfaces have you ran in/on? Indoor Track Outdoor Track
Pool Roads Trails Treadmill
11. What kind of running shoes do you wear for your training? _____
12. What kind of running shoes do you wear for racing? _____
13. Have you ever used weight training in your running? Y N If yes, what
types? _____

14. Have you had a chiropractor for your running? Y N If yes, please explain? _____

15. Have you had massages for your running? Y N If yes, please explain _____

16. What are the least & most days you can run each week? _____

17. What is your favorite time/s to run? _____

18. What are your favorite places to run? _____

19. Do you stretch for a race/s or training run/s? Y N If yes, when do you stretch? _____

20. What is your favorite distance to race and why? _____

21. What is your lease favorite distance to race and why? _____

22. What was the last race that you ran, what was the distance & the time that you ran it in? _____

23. What are your PR for these distances & give the date & time that you ran them in?

200 meters _____ 400 meters _____

800 meters _____ 1000 meters _____

1 mile _____ 2 miles _____

5-k _____ 4 miles _____

5 miles/8-K _____ 10-K _____

15-k _____ 10 miles _____

20-K _____ 13.1 miles _____

25-K _____ 26.2 miles _____

Ultra-Marathon/s _____