

# **NorthCentral** **MISSOURI COLLEGE**



**EMERGE It's All In You!**

## **Get REAL Fit & Healthy** **Accountability Program**

**A Holistic Approach to**  
**Improved Health, Wellness and Fitness**

Offered through  
The Ketcham Community Center of  
North Central Missouri College

Created and Implemented by Lisa Schilling RN

# Get REAL Healthy & Fit Accountability Program

## Client Profile

Name \_\_\_\_\_ Age \_\_\_\_\_ Ht. \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Hours of Work \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship/Phone \_\_\_\_\_

Best Way to Contact \_\_\_\_\_

### Rank your interest (top five) 1 being best

- \_\_\_ Health reasons
- \_\_\_ Weight loss
- \_\_\_ Weight maintenance or gain
- \_\_\_ Physical toning
- \_\_\_ Increased energy
- \_\_\_ Look better
- \_\_\_ Feel better
- \_\_\_ Increased strength
- \_\_\_ Stronger bones
- \_\_\_ Increased stamina
- \_\_\_ Changed lifestyle
- \_\_\_ Learn proper exercise technique
- \_\_\_ Increased cardiovascular fitness
- \_\_\_ Lose inches
- \_\_\_ Increased flexibility
- \_\_\_ Decreased pain or stiffness
- \_\_\_ Sports conditioning (training)
- \_\_\_ Increased metabolism
- \_\_\_ Manage a chronic illness
- \_\_\_ Improve balance and coordination
- \_\_\_ Decreased risk of injuries
- \_\_\_ Improve quality of life

# Health History

(All information is confidential and used only to plan a safe program)

**X for YES** — **Leave blank for NO** — **Elaborate if needed**

Do you have:

- \_\_\_ Heart problems? \_\_\_\_\_
- \_\_\_ Previous heart related surgeries or procedures? \_\_\_\_\_
- \_\_\_ Family history of heart problems? \_\_\_\_\_
- \_\_\_ High blood pressure? \_\_\_\_\_
- \_\_\_ Occasional or frequent chest pain? \_\_\_\_\_
- \_\_\_ Heart palpitations? \_\_\_\_\_
- \_\_\_ Lung problems? \_\_\_\_\_
- \_\_\_ Trouble breathing? \_\_\_\_\_
- \_\_\_ Shortness of breath with exertion? \_\_\_\_\_
- \_\_\_ Arthritis? \_\_\_\_\_
- \_\_\_ Severe or life threatening allergies? \_\_\_\_\_
- \_\_\_ Food allergies? \_\_\_\_\_
- \_\_\_ Joint stiffness (location)? \_\_\_\_\_
- \_\_\_ Fibromyalgia or Chronic Fatigue Syndrome? \_\_\_\_\_
- \_\_\_ Do you have frequent pain, stiffness, soreness, swelling, or numbness in any area? (Note what and where) \_\_\_\_\_
- \_\_\_ Diabetes (type I, type II, hypoglycemia, insulin resistance)? \_\_\_\_\_
- \_\_\_ Are you currently pregnant? \_\_\_\_\_
- \_\_\_ Are you a smoker? \_\_\_\_\_
- \_\_\_ Any history of previous sports related injury? \_\_\_\_\_
- \_\_\_ Any problem joints or muscle injuries? \_\_\_\_\_
- \_\_\_ Any history of stroke, cancer or other major illness? \_\_\_\_\_
- \_\_\_ Have you ever been told NOT to do any certain exercise? If so what and why. \_\_\_\_\_
- \_\_\_ Any other health conditions that could affect exercise? \_\_\_\_\_

# Interest Inventory

Circle all that apply — X if you dislike — ? if you would try it  
\* your favorite in each section

I like to:

- Walk
- Interval walk-sprint-walk
- Run-Jog
- Hike on trails
- Climb stairs
- Ride bicycles
- Skate
- Jump on a trampoline
- Jump rope
- Dance
- Swim
- Stretch
- Garden/yard work
- Do yoga or static poses
- Do Pilates type exercise
- Play sports (list)\_\_\_\_\_

I like to exercise:

- Alone
- With a partner
- In the gym
- At home
- Outside
- In a class setting
- With a trainer
- With an exercise video

I like to use:

- Weight machines
- Free weights
- Body resistance (calisthenics type)
- A step
- A fit ball
- A chair
- Ankle or wrist weights
- Exercise bands
- Various fitness gadgets\_\_\_\_\_
- Exercise machines (treadmill, bike, elliptical etc.)\_\_\_\_\_

I have these exercise items at home:\_\_\_\_\_

I like (Variety, Routine, Simple, Challenging, Spreading it out, Getting done at one time).

# Wellness Questionnaire

1. What is your **current** fitness/activity level?
  - a. None
  - b. Low (1-2 physical activities per week)
  - c. Moderate (3-4 physical activities per week)
  - d. High (greater than 5 physical activities per week)
2. What do you hope to **gain** from this program? \_\_\_\_\_  
\_\_\_\_\_
3. What made you **decide** to start this program? \_\_\_\_\_  
\_\_\_\_\_
4. How did you **hear about** the program? \_\_\_\_\_
5. What are the main things you would **like to see happen** as a result of regular exercise? \_\_\_\_\_  
\_\_\_\_\_
6. What about your physical condition do you feel **needs the most improvement**? \_\_\_\_\_
7. What do you feel is **positive** about your physical condition? \_\_\_\_\_  
\_\_\_\_\_
8. What has been the **least desirable** part of other exercises or programs you have tried before? \_\_\_\_\_
9. What was the most **desirable** part? \_\_\_\_\_
10. How much **time** will you make to exercise each day? (Can be in one sitting or split up) \_\_\_\_\_
11. When are you most likely (time of day) to **take time for yourself**? \_\_\_\_\_  
\_\_\_\_\_
12. What types of activities allow to **relax** and let down? \_\_\_\_\_  
\_\_\_\_\_
13. **How many days** a week do you prefer to be physically active? \_\_\_\_\_  
\_\_\_\_\_
14. What is the **main reason** you don't exercise regularly at this time? \_\_\_\_\_  
\_\_\_\_\_
15. What is your biggest **fear** about starting this program? \_\_\_\_\_  
\_\_\_\_\_
16. What would make you **give up** on this exercise program? \_\_\_\_\_  
\_\_\_\_\_
17. What would **encourage you** to keep going? \_\_\_\_\_  
\_\_\_\_\_
18. What areas do you need held accountable for? (food, cardio- exercise, resistance training, changing habits, etc.) \_\_\_\_\_  
\_\_\_\_\_

## **INFORMED CONSENT**

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise and purposeful nutrition. I realize that exercise is beneficial to my health by increasing oxygen to the bloodstream, strengthening bones, increasing energy, boosting metabolism, and aiding in weight loss or maintenance. I also realize the unlikely, but potential risks involved with starting an exercise program including, but not limited to injury, aggravation of a current illness, fainting, heart attack, or death. I understand I should consult a physician before starting any exercise regimen. Although this program is designed to be safe, I understand the above mentioned risks and I release the maker of my wellness program and North Central Missouri College from liability in the event of any adverse complications resulting from this program. I assume all risk and responsibility for my health and wellbeing. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

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Signed

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Date

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Witness