



Name _____ Today's date (MM/DD/YYYY): _____
 Date of Birth (MM/DD/YYYY): _____ Age: _____
 Preferred phone: _____ (home/cell) Alternate phone: _____ (home/cell)
 Email: _____

Emergency Contact

Name: _____ Relationship: _____
 Preferred phone: _____ (home/cell) Alternate phone: _____ (home/cell)

Physician Info

Primary physician: _____ (_____) _____

Other physicians involved in your treatment/care: (use reverse side if necessary)

Name	Specialty	Phone number
_____	_____	(_____) _____
_____	_____	(_____) _____
_____	_____	(_____) _____

How did you learn about the ONE STEP program?

Medical History – General

Have you ever had any of these health problems?

- Pulmonary (lung) problems Yes No
- Heart problems or surgery Yes No
- Diabetes Yes No
- Altered heart rate Yes No
- Dizziness or fainting (unrelated to cancer treatment) Yes No
- Chest, neck or arm pain Yes No
- Pain or cramping in legs while walking Yes No
- Short-term weakness on one side of the body Yes No
- Elevated blood pressure Yes No
- Low blood pressure Yes No
- High cholesterol Yes No
- Smoker or previous smoker Yes No
- Arthritis Yes No

If the answer is yes to any of the above, please describe briefly:

Other major illnesses (include surgeries/accidents/chronic pain)

Medications/Lifestyle/Other:

List current medications (including vitamins and over-the-counter)

Describe your health at the present time: Excellent Good Fair Poor

List types of exercise you participate in regularly and describe the frequency of your practice

Do you have any physical limitations that restrict your daily living activities or ability to exercise?

No Yes If yes, please explain

Are you currently working? Yes No

What is your level of activity at work? Completely sedentary Moderately active Very active/physical

Describe your past experience with resistance training and aerobic training:

Do you have any concerns about starting this exercise program?

What expectations do you have from this program?

How will you determine your personal success/satisfaction with this program?

For Staff Use/General Notes:

T-SHIRT SIZE: S M L XL XXL