

Athlete Start-Up Kit

Basics:

Name _____

Street _____

City _____ State _____ Zip _____

Gender ___M___F Waking Pulse _____

Birthday ___/___/___ Age _____ Height _____ Weight _____

Phone: Home _____ Work _____ Cell _____

Which is the best number to reach you? _____

Email Address _____

How did you find out about Coachbuxton.com?

Coachbuxton.com website _____

Another coachbuxton.com athlete _____

Other-explain _____

Other-than-athletic life (optional):

Occupation _____

Hours worked weekly _____

Married? ___yes___ ___no___ Spouse's name _____

Children? ___yes___ ___no___ Ages _____



Health History: (Explain any “yes” in the space provided or on a separate page.)

___Y___N 1. Have you or anyone in your family had coronary artery disease?

___Y___N 2. Do you ever have chest, shoulder, neck, or arm pains after exercises?

___Y___N 3. Have you ever fainted, felt dizzy, or unusually winded after exercise?

___Y___N 4. Has a doctor said that your blood pressure is too high or uncontrolled?

___Y___N 5. Has a doctor ever said you have heart trouble, a heart murmur, or that you have had a heart attack?

___Y___N 6. Are you diabetic, have a thyroid condition, or any chronic condition?

___Y___N 7. Are you using any medications?

___Y___N 8. Is your cholesterol level high? What’s your cholesterol count? _____

___Y___N 9. Have you ever had a complete physical exam including stress test on a treadmill or ergometer? When? _____ (include copy of results)

___Y___N 10. Do you have any condition that a doctor says may limit your exercise?

___Y___N 11. Have you ever smoked? If yes, when did you quit? _____

___Y___N 12. Have you ever had a joint or back disorder or any current injury?

___Y___N 13. Have you had surgery in the last 12 months?

___Y___N 14. Are you now, or have you been pregnant in the last three months?

Athletic History:

1. List your favorite sports and years of participation.

Sport	Years	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Do you currently have a strength training routine? If yes, please describe (machines or free weights, days per week, sets, reps, resistance, etc)

3. Have you ever had an exercise-related injury which caused you to stop exercising for a week or more? Describe.



4. List your best race results.

Events & Dates:

Results:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Athletic Information:

1. What are your three most important goals for the season? Please rank them 1-2-3.

1. _____
2. _____
3. _____

2. At the completion of our first season together, how will we know if we were successful? What is the single most important thing we must accomplish?

3. List your past week's training schedule below. If available, send a copy of your last two month's training log.

Day	Type of workout	Duration	Intensity (low-med-high)
Mon.	_____	_____	_____
Tue.	_____	_____	_____
Wed.	_____	_____	_____
Thur.	_____	_____	_____
Fri.	_____	_____	_____
Sat.	_____	_____	_____
Sun.	_____	_____	_____

4. Is the past week's training low, normal or high for you?

5. What is your longest workout in the last three weeks? _____ duration _____ type

6. How many weekly hours do you have available to train? Be realistic. _____

7. What time of day do you expect to do most of your training during the week? _____
Weekends? _____

8. Which is the best day for you to take off from training? _____

9. Do you have a bike trainer or stationary bike? _____ yes _____ no _____ type

10. Do you have a cycle computer with a cadence function? _____ yes _____ no

11. Do you have access to a track? _____ yes _____ no

12. Do you run with a running club? _____ yes _____ no

13. Do you ever train with a group? What sports? _____ yes _____ no _____ sports

14. Do you have access to a pool? What size? _____ yes _____ no _____ size

15. Do you have access to a master's swimming program? _____ yes _____ no

16. Approximately how many miles or hours did you train in the past 12 months for each activity?

SWIM _____

BIKE _____

RUN _____

STRENGTH _____

17. What were the most important events you participated in the last 12 months?

18. Do you own a heart rate monitor? _____ yes _____ no _____ brand



19. How familiar are you with heart rate monitors?

_____ not familiar _____ somewhat familiar _____ very familiar

20. Do you own a Computrainer or other power meter device? _____yes _____no

If you have a power meter, what kind? _____

21. What is the highest heart rate you have observed during exercise and during which sport? _____

22. Do you know your lactate threshold heart rate for any sport? _____yes _____no

Please list and describe how it was determined.

Swim _____

Bike _____

Run _____

Diet:

1. What exactly did you eat yesterday?

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

2. Do you take any vitamins or supplements? _____yes _____no

List _____

Any other comments or information:

