VO2 Max and Submax Metabolic Testing

Please complete and return this form ASAP to expedite the scheduling of your exercise test.

For best results, **do not** work out on the day of the test**.** Please **do not** consume a large meal one to two hours before the test.

Please wear or bring the following items: running shoes, workout attire, water bottle, and a towel.

We also recommend that you consider bringing in a small, healthy snack and a change of clean clothes for afterward.

Name			Date of Birth	
			/ /	
Street Address		**City**	**State**	**Zip**
Phone Number		**Email Address**		
( )				

Medications
*Please list any **prescribed** medications you're currently taking and the reason for each medication.*
*Please list any **over-the-counter** medications you're currently taking, including herbal supplements and NSAIDS such as Advil, Motrin, Tylenol, etc.*

Emergency Contact		
Name		Relationship
Day Phone	Evening Phone	

Primary Care Provider	
Name	Phone

ACSM Coronary Artery Disease Risk Factors: Do you have any of the following?	Yes	No
Cardiovascular Disease Cardiac, peripheral vascular, or cerebrovascular disease		
Pulmonary Chronic obstructive pulmonary disease, asthma, interstitial lung disease, cystic fibrosis		
Metabolic Diabetes mellitus (type I or II), thyroid disorders, renal or liver disease		
If you answered "yes" to any of the above, please elaborate here:		

Signs and Symptoms: Do you experience any of the following?	Yes	No
Have you experienced unusual pain or discomfort in your chest (pain due to blockage in coronary arteries of the heart)?		
Have you experienced unusual shortness of breath during moderate exercise (such as climbing stairs)?		
Have you had any problems with dizziness or fainting?		
When you stand up, or sometimes during the night, do you have difficulty breathing?		
Do you suffer from swelling of the ankles (ankle edema)?		
Have you experienced a rapid throbbing or fluttering of the heart?		
Have you experienced severe pain in your leg muscles during walking?		
Has your doctor told you that you have a heart murmur?		
Have you felt unusual fatigue or shortness of breath with usual activities?		
If you answered "yes" to any of the above, please elaborate here:		

Risk Factors	Yes	No
Has your father or brother had a heart attack, stroke, or died suddenly of heart disease before the age of 55? Has your mother or sister had a heart attack, stroke, or died suddenly of heart disease before the age of 65?		
Are you currently a cigarette smoker, or have you quit within the past 6 months?		
Are you sedentary (not participating in at least 30 minutes of moderate intensity physical activity on at least three days of the week for at least three months)?		
Is your BMI over 30 **OR** is your waist girth >40 (men), >35 (women)?		
Is your systolic blood pressure over 140 or diastolic over 90? Are you on medication to control your blood pressure?		
Is your LDL cholesterol level above 130 **OR** is your HDL level below 40 **OR** is your Total Serum Cholesterol above 200 OR are you on lipid-lowering medication?		
Have you had fasting blood glucose measurements of ≥100 mg/dL confirmed on at least 2 separate occasions?		
Do you have any current musculoskeletal limitations that may impair your ability to perform maximal exercise (back pain; swollen, stiff, or painful joints; arthritis; fibromyalgia, etc.)?		
If you answered "yes" to any of the above, please elaborate here:		

Please list and explain any other medical problems that you consider important for us to know.