

Mindful Swimming

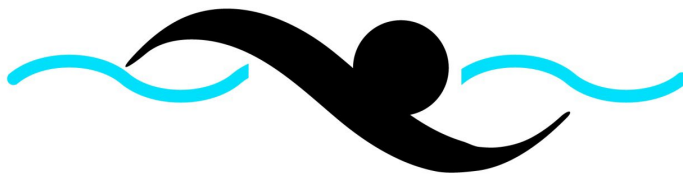
Swim – With A Purpose

Swim History: *Mark an X Beside The Response, or Fill In The Blank* **Name:** _____

Do you currently swim?					
If yes, how many sessions per week?		1-3	3-5	>5	
Type of session:		Long Training	Short Training	Other:	
Water confidence	Pool	Extremely	Somewhat	Not at all	
	Open Water	Extremely	Somewhat	Not at all	
Do you currently do any other fitness activity?		Yes No	Yes No	Yes No	
Sessions per week in addition to swimming?		1-3	3-5	>5	
What type of activities?					
Would you prefer 1-1 or Group Course		1-1	Group		

Would you describe yourself as reluctant, or un-comfortable in the water ? Yes No
 Are you able to place your face into the water and exhale thru the nose ? Yes No
 Are you able to take your feet off the bottom and float ? Yes No
 Are you comfortable in water depths that are over your head ? Yes No

Please provide some brief information about your swimming background?			
What is your most rewarding swimming experience to date?			
Describe one or more of your biggest challenges when faced with swimming?			
Mindful Swimming LLC Training delivers its best results when swimmers are prepared to implement self-guided practice sessions using notes provided by the coach for a minimum of two - three times a week, between the scheduled sessions. Are you able to accommodate and create the time to do this ?			
What would you most like to achieve through taking part in Mindful Swimming training ? Please mark with a 'x'			
<input type="checkbox"/>	To feel more comfortable in the water	<input type="checkbox"/>	To learn a new stroke/learn drills to help my stroke
<input type="checkbox"/>	To swim with less effort / improve efficiency	<input type="checkbox"/>	To know what great swimming feels like
<input type="checkbox"/>	To learn to breath more easily	<input type="checkbox"/>	To develop a plan for reaching my swim goals
<input type="checkbox"/>	To learn how to develop 'pace holding ability'/increase speed	<input type="checkbox"/>	To develop my knowledge and understanding of how to practice technical aspects of swimming
<input type="checkbox"/>	Other:		



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Medical History: Name: _____

Date : _____

It is important to inform us of any health issues and injuries, in case of injury and medical transport. Please mark where appropriate. Thank you.

	YES	NO
Do you have Diabetes?	_____	_____
Has your doctor ever told you that you have heart trouble?	_____	_____
Do you have a liver or kidney disease?	_____	_____
Have you ever suffered a stroke?	_____	_____
Do you suffer from		
Pains in your heart / chest / arm / neck	_____	_____
Shortness of breath (at any time of day)	_____	_____
Balance Issues, dizzy spells or feeling faint	_____	_____
Racing heart rate / skipping beats / heart murmur	_____	_____
Asthma	_____	_____
Epilepsy	_____	_____
Has your doctor ever told you that you have high BP?	_____	_____
Has your doctor every told you that you have a bone or joint problem that may effect your ability to exercise?	_____	_____
Are you currently pregnant? How many weeks?		_____

Do you currently have any injuries or conditions that may limit your swimming ability / endurance e.g foot, leg, hip, shoulder, arm or hand muscle soreness, range of motion limitations, past surgeries, etc,:

