



www.fitnessRxKy.com

METABOLIC EFFICIENCY TEST PATIENT PROFILE

(If you can, email this to beyourbest@fitnessrxky.com before your test)

Name _____ Scheduled Test Date _____

Email _____ Phone _____

Height _____ Weight _____ DOB _____ Age _____

Testing Method: Bike Treadmill

What are your primary health and/or training goals? _____

What are your upcoming races/events? (include dates) _____

Describe your current training schedule? (types of activity, intensity, duration) _____

Have you ever been tested before? Y N If yes, date? _____

What information do you hope to gain with this test? _____

Do you currently work with a coach? Y N

If yes would you like for us to send a copy of this report to them? Y N

If you answered yes, please provide their name and contact information _____

For treadmill assessments:

Are you comfortable on a treadmill? Y N Do you use it in your training? Y N

What is your typical walking pace/speed? _____

What is your average pace for aerobic runs? _____

What is your average pace for tempo runs? _____

What is your average pace for threshold runs? _____

What is your current 10K or half/full marathon time? _____

For bike assessments:

Do you use a power meter? Y N Do you use it in your training? Y N

What is your average power for aerobic rides? _____

What is your average power for tempo rides? _____

What is your average power for threshold rides? _____

What type of bike do you ride? _____

Have you been professionally fit on your bike? _____

NUTRITION LOG for MET

In order to fully assess your metabolic efficiency, knowing your typical nutrition will help us in our final review of your data and will assist in making suggestions on how to improve your metabolic efficiency.

BELOW, PLEASE PROVIDE AN EXAMPLE OF A TYPICAL DAILY NUTRITION:

	Breakfast	Mid-morning	Lunch	Mid afternoon	Dinner	After dinner
Time of day						
Food/Drink						

Do you take any supplements? Y N If so, what? _____

Do you often have issues with your nutrition during training or racing (bloating, nausea, vomiting)? _____

Do you fatigue easily during your workouts? Y N

If yes, what type of workouts affect you the most? Tempo, endurance, speed? _____

ETC:

From time to time, we work with the University of Louisville Exercise Physiology department.

May we share your data anonymously if it may help them with their research of athletes? Y N

Occasionally we may take pictures within our facility to use on our website or promotional material. If your photo is taken, may we use it in these capacities? Y N

If you have any feedback for us from the test itself or the information you get, please feel free to contact us at beyourbest@fitnessrxky.com