



Health History Profile

The Health History Questionnaire is not a substitute for a thorough physical examination, assessment and diagnosis by your physician. It has been designed to identify individuals for whom physical activity might be inappropriate at this time. I strongly recommend that each client undergo a medical examination before beginning any program of exercise.

Personal Contact Information

Full Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

In Case of Emergency, Contact: _____

Phone: _____

Personal Physician: _____ Phone: _____

Age: _____ Date of Birth: _____ Height: _____ Weight: _____

Sex: M F

General History

Are you over 50 and not accustomed to regular exercise? Yes No

Do you currently have an illness or infection? Yes No

If yes, please specify: _____

Have you had major surgery or been hospitalized in the last year? Yes No

If yes, please specify: _____

Do you have a history of the following conditions?

Diabetes Yes No

Liver Disorder Yes No

Kidney Disorder Yes No

Thyroid Dysfunction Yes No

Are you currently Pregnant or have you given birth within the last 8 weeks?

..... Yes No

Cardiovascular/Circulatory History

Has your doctor ever said you have heart trouble? Yes No

If yes, please specify: _____

Do you frequently suffer from pains in your chest? Yes No

If yes, please specify: _____

Do you often feel faint or have spells of dizziness? Yes No

If yes, please specify: _____

Do you have a history of high blood pressure? Yes No

If yes, please specify: _____

Do you smoke? Yes No

If yes, how much: _____

Do you have a family history of heart disease? Yes No

If yes, please specify: _____

Pulmonary History

Do you suffer from pulmonary disease such as asthma or emphysema that may become aggravated by exercise, or might be made worse with exercise?

..... Yes No

If yes, please specify: _____

Medication

Are you currently taking Any medication? Yes No

If yes, please specify:

Medication: _____ Condition: _____ Dose: _____

Medication: _____ Condition: _____ Dose: _____

Medication: _____ Condition: _____ Dose: _____

Medication: _____ Condition: _____ Dose: _____

Musculoskeletal History

Do you have a bone or joint problem such as arthritis that becomes aggravated with exercise or made worse with exercise? Yes No

If yes, please specify: _____

Are you currently receiving any physical therapy or chiropractic treatments? Yes No

If yes, please specify: _____

Is there a good physical reason not mentioned here why you should not participate in a fitness program? Yes No

If yes, please specify: _____

Client Signature: _____ Date: _____

Reviewed by: _____ Date: _____