Health History Questionnaire

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Name: _____ Date of birth:_____ Date: _____

Address:_____

City: _____ State: _____ Zip: _____

Phone (Cell):_____ (Work): _____ Email address:_____

In case of emergency, whom may we contact?

Name: _____ Relationship: _____

Phone (Cell):_____ (Home):_____

Health Care Provider:_____

Name: _____ Phone:_____ Fax: _____

Present/Past History

Have you had, or do you presently have any of the following? (Check if yes.)

- ❑ Heart attack
- ❑ Any kind of heart disease or heart surgery
- ❑ Diabetes
- ❑ Prediabetes
- ❑ High blood pressure
- ❑ Low blood pressure
- ❑ Kidney disease
- ❑ High Cholesterol
- ❑ Lung disease
- ❑ Seizures
- ❑ Cancer
- ❑ Rheumatic fever
- ❑ Recent operation
- ❑ Other (please describe): _____

_____

_____

- ❑ Fainting or dizziness
- ❑ Chest pains
- ❑ Palpitations or tachycardia (unusually strong or rapid heartbeat)
- ❑ Known heart murmur
- ❑ Muscle or joint problems (e.g., back, knee)
- ❑ Edema (swelling of ankles)
- ❑ Pain, discomfort in the chest, neck, jaw, arms, or other areas
- ❑ Unusual fatigue or shortness of breath at rest or with light activity
- ❑ Temporary loss of clear vision or speech or short-term numbness or weakness in one side, arm, or leg of your body
- ❑ Shortness of breath while lying down, at night or that comes on suddenly
- ❑ Intermittent claudication (calf cramping)

Family History

Have any of your first-degree relatives (parent, sibling, or child) experienced the following conditions? (Check if yes.) In addition, please identify at what age the condition occurred.

❑ Heart attack
❑ Congenital heart disease
❑ High blood pressure
❑ High cholesterol
❑ Heart surgery
❑ Diabetes
❑ Other major illness: _____

Explain checked items:

Activity History

1. Why have you decided to seek exercise guidance at this time? (Please be specific.)
2. Were you referred to this program? ❑ Yes By whom: _____ ❑ No
3. Have you ever worked with a personal trainer before? ❑ Yes ❑ No
4. Date of your last physical examination performed by a physician:
5. Do you participate in a regular exercise program currently? ❑ Yes ❑ No

   If yes, briefly describe:
6. Can you currently walk 2 miles briskly without fatigue? ❑ Yes ❑ No
7. Have you ever performed strength training exercises in the past? ❑ Yes ❑ No
8. Do you have injuries (bone/muscle disabilities) that may interfere with exercising? ❑ Yes ❑ No

   If yes, briefly describe:
9. Do you smoke? ❑ Yes ❑ No

   If yes, how much per day and what was your age when you started?
10. What is your body weight now?
    What was it one year ago?
    At age 21?
11. How tall are you?
12. Do you follow, or have you recently followed any specific dietary intake plan and, in general, how do you feel about your nutritional habits?
13. List the medications you are presently taking.
14. What are your personal health or fitness goals?