



Health History Form

Name _____

Address _____

City/State/Zip _____

Daytime phone _____ Evening phone _____

Email _____ Fax _____

Fitness & Wellness Goals _____

Fitness History

Are you on a strength-training program at least twice a week? yes no

If yes, how long? under 3 months approx. 6 months 1 year or more

Are you on a cardiovascular program at least 3 times a week? yes no

If yes, how long? under 3 months approx. 6 months 1 year or more

Please list any fitness activities (jogging, cycling, strength training) that you participate in regularly

_____ and for how long? under 3 months approx. 6 months 1 year or more

How much time can you devote each session to exercise? (e.g. 30 min, 45 min, 1 hour) _____

Identify exercise _____

and for how long? under 3 months approx. 6 months 1 year or more

Medical History

Do you experience any back or neck discomfort? yes no

If yes, please explain _____

Do you experience any shoulder pain or have a back diagnosed injury? yes no

If yes, please explain _____

Do you currently experience knee pain or have a lower body diagnosed injury? yes no

If yes, please explain _____

Have you had surgery or been diagnosed with any disease in the past three months? yes no

If yes, please explain _____

Are you currently on any medication that might affect an exercise program? yes no

If yes, please explain _____

Are you pregnant or might you become pregnant in the immediate future? yes no

Check off your major coronary risk factors (as described by the American College of Sports Medicine)

Dyslipidemia: total cholesterol:

over 200 mg/dl LDL over 130 mg/dl. HDL less than 40 mg.dl, or on lipid medication

Hypertension: systolic BP > 140 mmHg diastolic BP > 90

Cigarette smoking: current smoker stopped within the past 6 months

Impaired fasting glucose: (fasting glucose level > 100mg/dl)

Obesity: body mass index >30 waist/hip ratio greater than 0.95 for men and 0.86 for women)

Sedentary lifestyle (person who does not participate in a regular exercise program)

Family history of heart attack or heart surgery before the age of 55 on the male side of the family and before the age of 65 on the female side of the family. ? yes no

If yes, please explain _____

Are you a male and under the age of 45 or female under the age of 55 who is asymptomatic and have no more than one risk factor ? yes no

If no, please explain _____

If you are male and over the age of 45 or if you are female over the age of 55 and/or have two major risk factors – it is recommended you receive medical clearance prior to starting a vigorous exercise program. If you have any known cardiovascular, pulmonary, or metabolic disease you will need medical clearance prior to starting your exercise program.

I have fully read/understood the above document and filled it in truthfully:

Signature _____

Print Name _____

Date _____

Medical clearance supplied (if necessary) Date _____

No physician clearance required for this person to engage in a program of moderate physical activity.

Form Evaluated by _____ Date _____