

wellness & fitness center

HEALTH HISTORY QUESTIONNAIRE

General Information

First	Last
Address	
Phone	Email
Date of Birth	Age
Height Weight	Gender □ Male □ Female
Medical Care Information	
Provider Name	Phone
Clinic Name	Fax
Emergency Contact Information	
Name	Relationship
Phone (day)	(evening)
Reduce stressIncrease ofIncrease ofImprove body compositionImprove forSport Specify sport Specify sport	□ Not currently active □ 7-12 months □ 1-6 months □ 12 months + aerobic capacity
Stress Amount of stress you experience on a daily basis. No stress, easy going Frequent moderate stress Allergies: Please list.	□ Occasional stress□ Constant high stress
Medications	Reason

Please check all true statement about you that apply.	
Cardiovascular History – You have had:	Cardiovascular Risk Factors
☐ A heart attack	☐ Male older than 45 years
☐ A stroke	☐ Female older than 55 years, have had a
☐ Heart surgery	hysterectomy or are postmenopausal
☐ Cardiac catherization (angiogram)	☐ Smoker or quit less than 6 months ago
☐ Coronary angioplasty (PTCA)	☐ Exercise less than 3 days a week, less than
☐ Pacemaker and/or implantable cardiac defibrillator	30 minutes a session
☐ Heart rhythm disturbance	☐ Currently 20 pounds over your ideal weight
☐ Heart valve disease/dysfunction	☐ Blood pressure is ≥ 140/90 mmHg
☐ Heart failure	take blood pressure medication
☐ Heart transplantation	☐ Do not know your blood pressure
☐ Congenital heart disease	☐ Blood cholesterol level is ≥ 200 mg/dl
☐ Peripheral vascular disease (PAD)	☐ Take medication to lower your cholesterol
□ None of the above	☐ Do not know your cholesterol level
	Father or brother had a heart attack or
Cymptoms	heart surgery before age 55
Symptoms	☐ Mother or sister had a heart attack or
☐ Experience chest discomfort or angina with exertion	
☐ Experience unexplained breathlessness	heart surgery before age 65
Experience dizziness, fainting or blackouts	☐ Family member (parent, brother, sister)
☐ Take heart medications	had a stroke before age 50
☐ Burning or cramping sensation in lower legs when	$\ \square$ None of the above
walking short distances	
☐ Lose your balance because of dizziness or	
lose consciousness	
☐ None of the above	
Health Issues Currently pregnant or less than six weeks post-partu Have diabetes Take medication to control your blood sugar Epilepsy or seizures Emphysema Osteoporosis Musculoskeletal problems limiting your physical acti Fibromyalgia Recent surgeries None of the above	lung disease □ Abnormal chest x-ray □ Arthritis □ Migraine/headaches □ Cancer, diagnosed ≤ 12 months Yes No vity currently being treated Yes No □ Fallen ≥ 1, last 12 months
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