Health/Fitness Questionnaire

Date: _____

Name: _____ Age: _____

Address: _____City:_____State:_____

Zip Code: _____ Phone: (H) _____ (C) _____

Email:_____Facebook:_____

Person to notify in case of Emergency

Name:_____ Relation:_____

Phone: _____ Alternative Phone: _____

Date of last physical exam: _____Present Physician: _____

Address: _____ City: _____State:_____ Phone: _____

Check if "YES" and Explain

Past	Present	Condition	Further Explanation / Medications
( )	( )	Allergies	_____
( )	( )	Arthritis/Bursitis/ Tendonitis	_____
( )	( )	Back/Neck Pain/Injuries	_____
( )	( )	Injuries to Knees, Hips, Shoulders, Ankles, etc.	_____
( )	( )	Asthma / Lung / Respiratory Diseases	_____
( )	( )	Cancer	_____
( )	( )	Diabetes	_____
( )	( )	High Cholesterol >240	_____
( )	( )	High Triglycerides	_____
( )	( )	High Blood Pressure	_____
( )	( )	Heart Disease	_____
( )	( )	Chest Pain (Angina)	_____
( )	( )	Embolism (blood clot)	_____
( )	( )	Stroke	_____
( )	( )	Epilepsy	_____
( )	( )	Osteoporosis/	

		Scoliosis	_____
( )	( )	Frequent Headaches/ Fainting	_____
( )	( )	Muscle Cramps/Spasms	_____
( )	( )	Pregnancy	_____
( )	( )	Operations/Surgeries	_____

Family Medical History (immediate relatives under age 55)

( ) Heart Attack	( ) Diabetes	( ) Stroke
( ) High Blood Pressure	( ) High Cholesterol	( ) Coronary Disease

Lifestyle Questions

Please list any other medications that you are taking and the corresponding conditions:

_____

_____

_____

Do you now or have you ever smoked? If yes, how much? ( )yes ( )no

_____

How many hours do you work per week on average? _____

How would you characterize your work activity?

( ) inactive ( ) semi-active ( )active ( ) heavy labor

How do you characterize your lifestyle in regards to stress?

( ) Low ( ) Moderate ( ) High

Nutritional Habits: Please rate yourself using the following 3 factors.

Frequency- please circle the number of times you eat each day on average

1 2 3 4 5 6 7

Portion size – are most of your meals large or small?

1 2 3 4 5

smallest largest

Quality – Do you eat a balanced diet? Do you eat healthy foods?

1 2 3 4 5

poor excellent

Please describe your current exercise/activity level:

_____

Please describe your short and long term goals. Why are you here?

_____

_____

Fitness Assesment

Age:_____

Blood Pressure:_____

Resting Heart Rate:_____

Height:_____

Weight:_____

BF: B___ T_____SS_____IC_____

FM____LM _____ %_____

Posture:_____

3 min
Step Test:_____

Squat:_____

Lunge_____R_____L_____

Hurdle_____R_____L_____

Twist_____R_____L_____

Leg Lift____R_____L_____

Reach Behind R_____L_____

Pushups_____

Pullups_____

Sit&Reach_____