



## Personal Health History

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical

*Has a doctor or health professional ever told you that you have or have had any of the following conditions?*

- Family History of Heart Disease
- Asthma
- High Cholesterol
- Stroke
- Diabetes
- High or Low Blood Sugar
- Emphysema
- Epilepsy
- Cancer

*Do you have any of the following?*

- Back Pain
- Joint Replacement/Repair
- Joint, Tendon or Muscular Pain
- Osteoporosis
- Pacemaker

*Are you currently taking any medication that would effect the following:*

Heart Rate Y N

Blood Sugar Y N

Balance Y N

*Please list any other condition or recent surgeries that you feel we should know about in planning a fitness program for you: \_\_\_\_\_*

### Lifestyle

*Which best describes your current smoking status?*

- I have NEVER smoked, or quit more than 6 months ago.
- I CURRENTLY smoke, or quit within the last 6 months.

*Do you consider your daily job or daily activities to be: Sedentary or Active*

*Please describe your current exercise choices:*

- Generally sedentary
- A vacation/weekend exerciser
- Physically active monthly (If this, how many times a month? \_\_\_\_\_)
- Physically active weekly (If this, how many times a week? \_\_\_\_\_)

*Are your current exercise choices different from your past exercise choices? Y N*

*If yes, describe: \_\_\_\_\_*

### Training Goals

*How much time do you want to spend working out? \_\_\_\_\_*

*What goals do you have concerning your training and health? \_\_\_\_\_*

\_\_\_\_\_  
\_\_\_\_\_