Health History Questionnaire

Name _____ Date _____

Street address _____

City _____

Phone (home) _____

(work) _____

Email address _____

(cell phone number) _____

Date of birth_____

Person to contact in case of emergency:

Name_____ Phone _____

For most people, physical activity should not pose any problem or hazard. The following questions are designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these questions. Please read them carefully and check the "Yes" or "No" response opposite the question if it applies to you.

Yes	No	
___	___	1. Has your doctor ever said you have heart trouble? If yes, please describe the problem and state when it was diagnosed.
		_____
		_____
___	___	2. Do you frequently have pain in your heart or chest?
___	___	3. Do you often feel faint or have spells of severe dizziness?
___	___	4. Has a doctor ever told you that your blood pressure was too high?
___	___	5. Has your doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse by exercise?
___	___	6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to do so?
___	___	7. Are you over age 65 and/or not accustomed to vigorous exercise?
___	___	8. Are you or have you ever been a diabetic?
___	___	9. Are you now pregnant, or have you been pregnant within the last 3 months?
___	___	10. Have you had any surgery in the last 3 months?
___	___	11. Have you been hospitalized in the last 2 years? If so, when and why?
		_____
___	___	12. Have you ever seen a chiropractor, acupuncturist, or other alternative medicine practitioner? If so, when and why?
		_____

Please check the box if you have ever experienced any of the following symptoms:

	When first experienced	Treatment used
☐ Pain or discomfort in the chest	_____	_____
☐ Unaccustomed shortness of breath	_____	_____
☐ Dizziness	_____	_____
☐ Labored or uncomfortable breathing, with or without pain	_____	_____
☐ Swollen ankles	_____	_____
☐ Heart palpitations	_____	_____
☐ Heart murmur	_____	_____
☐ Limping	_____	_____

☐ Yes ☐ No Do you have high blood pressure? If yes, what is your current blood pressure without medication?

_____

☐ Yes ☐ No Are you taking any medication for hypertension? If so, what medication?

_____

☐ Yes ☐ No Is your total serum cholesterol level over 240?

☐ Yes ☐ No Do you smoke?

☐ Yes ☐ No Have you ever smoked? If so, when did you quit?

☐ Yes ☐ No Do you have diabetes?

☐ Yes ☐ No Do you have a family member who has had coronary or atherosclerotic disease before age 55?

☐ Yes ☐ No Do you have pain or discomfort in your back?

☐ Yes ☐ No Do you have pain or discomfort in your knee? If so, ☐ right or ☐ left?

☐ Yes ☐ No Do you have pain or discomfort in your shoulder? If so, ☐ right or ☐ left?

☐ Yes ☐ No Do you have pain or discomfort in your elbow? If so, ☐ right or ☐ left?

☐ Yes ☐ No Do you have pain or discomfort in your wrist? If so, ☐ right or ☐ left?

☐ Yes ☐ No Do you have pain or discomfort in your ankle? If so, ☐ right or ☐ left?

If you checked "Yes" above, please describe your pain. On a scale of 1 to 10, with 1 being almost nonexistent and 10 being excruciating, how severe is it? Does it get more or less severe as the day goes on? When do you notice it? What really aggravates it?

_____

_____

_____

_____

☐ Yes ☐ No Have you ever torn ligaments or cartilage in your knee? If so, when? _____

Did you have surgery on this knee? If so, when? _____

☐ Yes ☐ No Have you ever dislocated your shoulder? If so, when?

_____

☐ Yes ☐ No Have you ever had shoulder surgery? If so, which shoulder? When?

_____

☐ Yes ☐ No Have you ever had a neck injury, such as whiplash? If so, when?

_____

☐ Yes ☐ No Have you ever been treated for a spinal disk injury? If so, when?

_____

☐ Yes ☐ No Do you ever experience tingling or numbness in your elbows or hands?

_____

What is the present state of your general health? _____

What regular physical activities do you do now? _____

How often? _____ For how long each session? _____

I, _____, certify that I understand the foregoing questions and my answers are true and complete. I also understand that this information is being provided as part of my initial consultation and may not be periodically updated.

I, _____, assume the risk for any changes in my medical condition that might affect my ability to exercise.

_____ _____

Signature Date

If you answered yes to one or more questions and you have not recently consulted with your doctor, do so before beginning an exercise program. Tell your doctor which questions you answered yes to and explain that you plan to undergo an exercise program that may include, but may not be limited to, weight and/or resistance training. After medical evaluation, ask your doctor

1. which activities you may safely participate in, and
2. what specific restrictions, if any, should apply to your condition and which activities and/or exercises you should avoid.

I, _____, acknowledge that I have read the foregoing statements and understand the content thereof.

_____ _____

Signature Date