

## Health History Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Resting Heart Rate: \_\_\_\_\_ Resting Blood Pressure: \_\_\_\_\_

For most people physical activity should not pose any problem or hazard. This form has been 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.

Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
1. ____	____	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. ____	____	Do you frequently have pains in your heart and chest?
3. ____	____	Do you often feel faint or have spells of severe dizziness?
4. ____	____	Has a doctor ever said 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 a change in your physical activity?
6. ____	____	Is there a good physical reason not mentioned here why you should not follow a physical activity program even if you wanted to?
7. ____	____	Are you over age 65 and not accustomed to vigorous exercise?

If you answered YES to one or more questions, if you have not recently done so, consult with your physician by phone or in person before increasing your physical activity and/or taking a fitness test. If you answered NO to all questions, you have reasonable assurance of your present suitability for an exercise test.

Date of last physical exam: \_\_\_\_\_  
 Any known allergies? \_\_\_\_\_  
 Current medications: \_\_\_\_\_ Dosage: \_\_\_\_\_ Condition: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you smoke? \_\_\_\_yes \_\_\_\_no Ever tried to quit? \_\_\_\_\_ If quit, when? \_\_\_\_\_  
 Alcohol Consumption \_\_\_\_\_/day \_\_\_\_\_/week \_\_\_\_\_/year

Check all that apply:

Self      Father/other male 1<sup>st</sup> degree relative      Mother/other female 1<sup>st</sup> degree relative

High Blood Pressure >140/90mm Hg \_\_\_\_\_

High Cholesterol TL >200mg/dl \_\_\_\_\_

(list all levels for self) LDL >160 \_\_\_\_\_

HDL <40 \_\_\_\_\_

Triglycerides >150 \_\_\_\_\_

Diabetes \_\_\_\_\_

Blood Sugar Level \_\_\_\_\_

Heart Disease \_\_\_\_\_

Heart attack \_\_\_\_\_ / \_\_\_\_\_ death <age 55      \_\_\_\_\_ / \_\_\_\_\_ death <age 65

Stroke \_\_\_\_\_

By Pass \_\_\_\_\_

Injury History: \_\_\_\_\_ Date: \_\_\_\_\_ Current Status: \_\_\_\_\_

Surgeries \_\_\_\_\_

Broken bones \_\_\_\_\_

Muscle Strains/Sprains \_\_\_\_\_

Ligament, tendon or cartilage injuries \_\_\_\_\_

Joint injury or chronic pain \_\_\_\_\_

Other musculoskeletal injury or impairments \_\_\_\_\_

Activities/movements that may cause discomfort or pain \_\_\_\_\_

Current Activity Program: \_\_\_\_\_ Type: \_\_\_\_\_ Hours/day: \_\_\_\_\_ Days/week: \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Weight training \_\_\_\_\_

Stretching \_\_\_\_\_

Core \_\_\_\_\_

Other \_\_\_\_\_

Fitness Goals:

\_\_\_ Weight Loss      \_\_\_ Power/Strength      \_\_\_ Increased Energy

\_\_\_ Decrease Body Fat %      \_\_\_ Cardiovascular Endurance      \_\_\_ Sports Specific: \_\_\_\_\_

\_\_\_ Toning/Conditioning      \_\_\_ Flexibility      \_\_\_ Rehabilitation of: \_\_\_\_\_

\_\_\_ Increase Muscle Mass      \_\_\_ Nutritional Improvements

Other goals/comments: \_\_\_\_\_

\_\_\_\_\_

I understand that there are risks associated with physical activity. I release Linda Kennedy and Kennedy Fitness and Nutrition from any and all liability for participating in such a program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_