

Health History Questionnaire

This form is to be completed in preparation for physical activity. It is important you disclose all of your existing medical conditions so that the personal trainer may determine whether to see further medical advice before commencing an exercise program. This questionnaire does not provide medical advice in any form and does not substitute advice from an appropriately qualified professional.



Full Name _____

Email Address _____

Address _____ City _____

Personal Phone _____ Work Phone _____

Emergency Contact _____ Relation to _____

Personal Phone _____ Work Phone _____

Primary Physician _____ Work Phone _____

Section 1 – Medical History

Mark any of the following for which you have been diagnosed and treated	Yes	No
Heart problem		
Stroke		
Asthma		
Concussion		

Mark any medications taken in the last 6 months	Yes	No
Blood thinner		
Diabetes medicine		
Blood pressure medicine		
Epilepsy medicine		
Heart rhythm medicine		
Diuretic		
Nitroglycerin		

Insulin		
Cholesterol medicine		
Thyroid medicine		
Hormonal replacements		
Anti-depressants or anxiety medicine		

If you are on a medication not listed above, please state the name of the medication and what condition it is for:

Please indicate any surgeries you've had in the past 12 months

Have you ever had back problems, problems with joints, or been diagnosed with arthritis? If yes, describe

Do you have any other medical conditions or health problems which may affect your exercise plan or safety in any way?

Section 2 – Cardiopulmonary and Metabolic Symptoms

	Yes	No
1. Do you ever get unusually short of breath with very light exertion?		
2. Do you ever have pain, pressure, tightness in the chest area?		
3. Do you regularly have unexplained pain in the abdomen, shoulder, or arm?		
4. Do you ever have dizzy spells or experiencing fainting?		
5. Do you ever feel skips, palpitations, or runs of fast or slow heart beats in your chest?		
6. Has your physician ever told you that you have a heart murmur?		
7. Do you regularly get lower leg pain when you walk that is relieved with rest?		
8. Do you have any joints that often become swollen and painful?		

If you answered YES to question 8, please explain

Section 3 – Cardiopulmonary and Metabolic Disease

Have you ever had a heart attack, bypass surgery, angioplasty, or been diagnosed with coronary artery disease or other heart diseases such as atrial fibrillation and/or premature ventricular contractions? If yes, please explain

Do you have asthma or any other lung condition? If yes, please explain

Are you insulin an insulin dependent diabetic?

Yes _____ No _____

Section 4 – Coronary Risk Factor Profile

Have you ever had high blood pressure (>140/90) on more than one occasion? Yes _____ No _____

Please list any medications you take for high blood pressure

Have you ever been told that your blood cholesterol was high (200mg/dl or higher)? Yes ___ No ___

What is your cholesterol level? _____

Do you currently smoke? Yes _____ No _____

How many cigarettes per day? _____ Years smoking _____

Have you ever been told that you have high blood sugar or diabetes? If yes, please explain

Has anyone in your immediate family (parents and siblings) had any heart problems or coronary disease before age 55? If yes, please explain

I believe to the best of my knowledge that all the information I have provided on this form is accurate. In the case that my medical condition changes over the course of my training, I will inform my trainer and fill out a new health history screening questionnaire.

Client Signature _____ Date _____

Employee Signature _____ Date _____