health medical questionnaire page 1

name _____ date _____

address-_____

_____

phone (day)-_____ (evening)-_____

sex-_____-- height-_____-- weight-_____ date of birth _____- -age-_____

occupation _____

personal physician - _____

address -_____

phone (day)-_____ date of last physical exam-_____

Do you have your physician's consent to participate in an exercise program _____

Were you referred? _____ if yes, by whom? _____

Are you currently taking any prescriptions or medications-_____- -

please list-_____

Medical History

Have you had or do you have any of the following:

___-heart attack

___-coronary angioplasty

___-cardiac surgery

___-chest discomfort during or after exercise

___-high/low blood pressure

___-shortness of breath with exercise

___-abnormal blood lipids/ cholesterol

___-lightheadedness or fainting with exercise

___-heart murmur

___-rapid heart beats or palpitations

___-diabetes

___-anemia

___-asthma

___-family history

___-thyroid condition

___-cancer

___-other _____

Have you ever had or do you currently have any of the following conditions:

Neck

___-Pinched nerve ___-Fractures ___-Sprains/Strains

___-Surgery ___-Disc problems ___-Unexplained pain

___-Tight musculature ___-Other _____

_____

Spine/Back

___-Fracture ___-Muscle spasm ___-Scoliosis

___-Surgery ___-Pain with lifting ___-Ruptured/Herniated disc

___-S-I joint pain ___-Osteoporosis ___-Chronic low back pain

___-Arthritis ___-Stiffness ___-Spondylogenic problems

___-Congenital deformity ___-Other _____

_____

Pelvis/Hip

___-Fracture ___-Groin strain ___-Subluxation/Dislocation

___-Tendinitis ___-Surgery ___-Contusion/Hip pointer

___-Bursitis ___-Leg length discrepancy

___-Other _____

Thigh

___-Fracture ___-Quadriceps strain ___-Hamstring strain

___-Surgery ___-Ruptured muscle ___-Calcium deposits

___-Tight I.T. band ___-Tendinitis

___-Other _____

Knee/Lower Leg

___-Fracture ___-Ligament damage ___-Strain/Sprain

___-Patella-femoral pain ___-Surgery ___-Subluxation/Dislocation

___-Tendinitis ___-Shin splints ___-Cartilage damage/removal

___-Limited Range of Motion ___-Other _____

_____

Ankle/Foot

___-Fracture ___-Ligament damage ___-Compartment Syndrome

___-Orthotics ___-Surgery ___-Tendinitis

___-Strain/Sprain ___-Subluxation/Dislocation ___-Limited Range of Motion

___-Other _____

Shoulder/Clavicle

___-Fracture ___-Separation ___-Arthritis ___-Tendinitis

___-Subluxation/Dislocation ___-Degenerative rotator cuff disease

___-Limited range of motion ___-Other _____

_____

Arm

___-Fracture ___-Calcium Deposits ___-Ruptured Muscle

___-Other _____

Elbow

___-Fracture ___-Sprain/Strain ___-Subluxation/Dislocation

___-Tendinitis ___-Surgery ___-Limited range of motion

___-Other _____

Hand, Wrist, Fingers

___-Fracture ___-Sprain/Strain ___-Surgery

___-Arthritis ___-Carpal Tunnel ___-Limited range of motion

___-Other _____

Are you presently receiving or have you received physical therapy-_____

if yes, with whom and when: _____

_____

Are there any other comments you would like to give concerning your health?

_____

_____

exercise history and personal goals

Are you presently involved in a regular exercise program-_____

if yes, please list activity, duration, frequency and intensity

_____

How much time are you able to devote to an exercise program:---

days/week-_____---time-_____

What type of physical activities do you like:

_____

What do you want your exercise program to do for you:

___-increase muscular strength	___-improve cardiovascular fitness	___-injury prevention
___-post-rehab conditioning	___-improve sports performance	___-reduce health risks
___-improve flexibility/mobility	___-reshape and tone body	___-increase energy level
___-stop smoking/drinking	___-reduce stress level	___-body fat weight loss
___-weight gain	___-improve eating habits	

___-other (list)-_____

What can I do for you?

_____

_____

lifestyle and nutrition

Do you currently smoke-_____--(if yes, how often) _____

Have you quit smoking--_____--(if yes, when) _____

Do you use alcohol-_____--(if yes, how much and how often)-_____

Do you drink coffee or soda with caffeine-_____--(if yes, how much & how often)-_____

Are you presently on a diet-_____

Do you consider yourself-- ___-overweight ___-about right ___-underweight

How many meals a day do you usually eat-_____-

How would you describe your nutritional habits:- good fair poor

How would you describe your knowledge of nutrition: good fair poor

Is your job active or sedentary.- Do you experience a lot of stress in your life-_____

Describe your knowledge of exercise and fitness:- good fair poor

How physically fit do you think you are-_____

physical assessment

resting blood pressure-_____ resting pulse-_____ THR range-_____

body composition:-female: male:

skin fold:	triceps-	_____	chest-	_____
	suprailium-	_____	abdomen-	_____
	thigh-	_____	thigh-	_____
	total-	_____	total-	_____
	% body fat	_____	% body fat	_____

girth measurements (right side of body)

upper arm-	_____	hips-	_____
chest-	_____	thigh-	_____
waist-	_____	calf-	_____

Muscular strength/endurance

Sit and reach- _____ Push-ups- _____ Chin-ups- _____ Crunches- _____