

HEALTH HISTORY PROFILE

General Information:

Name _____ Date _____ Telephones:
Home _____ Business _____ Cell _____
Home Address _____

Goals:

In your own words or with the examples stated below please list your top two goals:

Look Better (Lower Body Fat, Muscle Definition or Mass, Girth Changes)

Feel Better (Education, Energy, Decrease Pain, Feeling of Health)

Perform Better (Cardiovascular, Flexibility, Muscular, Sport-Specific Results, Medical Problems)

1) _____
2) _____

Personal Data:

Personal MD _____ Phone: _____
Fax: _____ Address _____
Specialist _____ Phone: _____ Fax: _____
Resting Heart Rate: _____ Desired Body Fat: _____
Data of Last Physical Exam _____ Age: _____ Weight: _____ Height: _____

Risk Assessment: If yes, please explain to the best of your ability...

Have you ever had any form of heart disease?	YES	NO	Explain: _____
Have you ever experienced shortness of breath or chest pains?	YES	NO	Explain: _____
High Blood Pressure	YES	NO	Levels: _____
High Cholesterol Level	YES	NO	Levels: _____
Cigarette Smoking	YES	NO	Levels: _____
Smoked in the Past	YES	NO	Levels: _____
Diabetes	YES	NO	Levels: _____
Family History of Heart Disease	YES	NO	Levels: _____
Abnormal Resting EKG	YES	NO	Levels: _____
Active	YES	NO	Levels: _____

Mode of Exercise/ Frequency/ Duration/ Intensity:

Knee	YES	NO	Explain: _____
Low Back	YES	NO	Explain: _____
Neck/ Shoulder	YES	NO	Explain: _____
Hip/ Pelvis	YES	NO	Explain: _____
Ankles/Wrists	YES	NO	Explain: _____
Any Physical Disabilities or major surgeries	YES	NO	Explain: _____
Are you currently taking any medications?	YES	NO	Explain: _____
Has your doctor cleared you to engage in physical activity?	YES	NO	Explain: _____

Should my medical condition hereafter change in any way I agree to supplement the above information as soon as reasonably possible after the date that the new information becomes known to me.

I _____, hereby certify that the above information is true and correct to the best of my knowledge, information and belief.

Date _____ Signature _____