Health History Questionnaire

Name: Date: Birth Date:

Address: City: State: Zip:

Phone: Other Phone:

E-mail:

Cardiovascular Risk History	YES	NO
1. Has your doctor ever said you have heart trouble?	☐	☐
2. Do you frequently suffer from pains in your 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. Are you over the age of 65 or not accustomed to physical exercise?	☐	☐

Do you have, or have you ever had in the past:		
1. Diabetes	☐	☐
2. Breathing or lung problems	☐	☐
3. Difficulty with physical exercise	☐	☐
4. High blood cholesterol	☐	☐
5. Smoke	☐	☐
6. Family history of heart disease before the age of 50	☐	☐

Orthopedic History

Indicate any area of injury, accident or condition in the following areas and explain (i.e., arthritis, low back pain, joint pain, calcium deposits, nerve injury, fracture, tennis elbow, etc.):

Head/ Neck/Shoulder/Clavicle

Arm/ Elbow/ Wrist/ Hand

Back/Spine/ Ribs

Hips/ Pelvis

Leg/ Knee/ Foot/ Ankle

Please list any chronic illness you have or had in the past:

Are you currently under any medical care? (physician, chiropractor, physical therapist, or massage therapist) If so, for what?

Are you pregnant? Have you recently given birth? How recent?

Are you currently taking any medications?

Is there anything else not mentioned here that could affect your work with us?

These daily living questions will help us in developing your program.

1. What exercise or movements have you experienced in the past?

   Dance Yoga Martial Arts Running ______

   Swimming Aerobics Other ______

2. Are you currently in a fitness program? If so, what does it involve?

   ______

   ______

3. What is your occupation? ______

4. What are your hobbies? ______

5. Are you involved in any sports consistently? ______

6. What is the goal you would like to attain with your fitness program with us? ______

   ______

   ______

7. How did you find The Fitness Studio of Orlando? ______

   ______

Thank you for taking the time to complete this form to your best knowledge. This will help us in developing your program and helping you to achieve your goals.

The Fitness Studio of Orlando
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