

Health History Questionnaire

This Form and Your Confidentiality

This health history form is your opportunity to provide information that will assist our

Health History Questionnaire (continued)

Recent Surgery (Please describe and give dates.)

Other medical problems/considerations, recent illness(es), hospitalizations(s), or injury

Current medications/prescriptions

Do you smoke?

Date of last complete medical or physical exam:

Do you know of any medical or health conditions, considerations, or circumstances that might make it dangerous or unwise for you to participate in an exercise program?

Family Health History

Please indicate the number of blood relatives (mother, father, grandparents, brothers, sisters, children) who have had a heart attack prior to age 65 _____

have had a stroke _____

have had or now have diabetes _____

have been or are substantially overweight _____

The information submitted on this Health History Form is true and complete to the best of my