

# Health History Questionnaire



Today's Date: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

**Personal Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Questionnaire:**

Circle One

Do you have or have had an eating disorder? Yes No

Do you frequently have pains in your heart and chest at rest  
or during physical activity? Yes No

Have you had spells of severe dizziness or have you ever loss consciousness? Yes No

Has a doctor ever said that your blood pressure was too high? Yes No

If yes, are you currently taking blood pressure medication? Yes No

Do you have bone or joint problems that are aggravated by physical activity? Yes No

Are you currently under a doctor's care for a heart condition and  
need medically supervised activity? Yes No

If yes, please explain \_\_\_\_\_

Do you know **any other reason** why you should not do physical activity? Yes No

If yes, please explain \_\_\_\_\_

Do you have: Circle One

Diabetes Yes No

Asthma Yes No

Back Problems Yes No

Arthritis Yes No

Recent Surgery Yes No

Hypoglycemia Yes No

Peripheral Vascular Disease Yes No

Do you have: Circle One

Joint Replacement Yes No

Knee Problems Yes No

Shoulder Problems Yes No

High Blood Pressure Yes No

Fibromyalgia Yes No

Multiple Sclerosis Yes No

High Cholesterol Yes No

Please list any other problems that can cause lack of physical activity or pain during physical activity:

\_\_\_\_\_

How did you hear about our services?

The WELL website     Fitness Desk     Health Center     Referral(name?) \_\_\_\_\_

Facebook     Twitter     Instagram     Other (Please Explain) \_\_\_\_\_

**Goal Assessment:**

1. What are your fitness goals? \_\_\_\_\_

2. What level of experience or knowledge do you have concerning weight training?

Novice (beginner)

Intermediate (average)

Elite (expert)

3. How long have you been thinking about your fitness goals? \_\_\_\_\_

4. Are you currently participating in an exercise program?    Yes    No

5. If it applies, how long has it been since you last regularly worked out? \_\_\_\_\_

6. Check all that you are interested in:

Weight management

Disease Prevention

Personal Training

Nutritional Information

Group Training

Diet Analysis

Body Fat Analysis

Fitness Assessment

Sport Performance

7. How ready are you to make changes to your current lifestyle (circle one)? (1 not ready; 5 extremely ready)

1      2      3      4      5

8. List some hobbies or activities that you like to do (ex. play with kids, gardening, hiking, skiing, play piano, movies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(If under 18 years of age)