



Health History Inventory

Name: _____ Membership #: _____
Address: _____
Phone (W): _____ Phone (H): _____ Fax: _____
E-mail: _____ Gender: _____ Birthdate: _____

Regular physical activity is enjoyable and healthy, and for most people safe. However, some individuals may have health-related risks that might require them to check with their physician prior to starting an exercise program. To help determine if there is a need for you to see your physician before starting an exercise program, carefully read and answer the following questions. All information will be kept strictly confidential.

I. PHYSICAL ACTIVITY SCREENING QUESTIONS

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your physician ever told you that you have a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you experience chest pain when you are physically active? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you experienced chest pain when not performing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be aggravated by a change in your level of physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your physician currently prescribing medications for your blood pressure or a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not participate in a program of physical activity? |

If you answered yes to any of the questions above, it is recommended that you consult with your physician, by phone or in person, before having a fitness test or participating in a physical-activity program.

II. GENERAL HEALTH HISTORY QUESTIONS (Please answer yes or no to each of the following questions.)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever had a stroke? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have diabetes? If yes, are you currently taking any medication or receiving other treatment related to diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have asthma or another respiratory condition that causes difficulty with breathing? If yes, Please describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you have any orthopedic conditions that would restrict you in performing physical activity? If yes, Please describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been told by a physician that you have one of the following? (Check applicable boxes)
<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Elevated blood lipids, including elevated cholesterol
<input type="checkbox"/> Cardiovascular disease
<input type="checkbox"/> Cancer
<input type="checkbox"/> Other health/medical condition (please describe): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you currently smoke or have you smoked in the past and stopped within the past six months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you currently have back pain or have you had back pain within the past six months or felt discomfort that prevented you from carrying out normal daily activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you currently taking any medications for a health or medical condition? If yes, please indicate which medications you are taking: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Are you pregnant? |

If you answered yes to any of the questions above, it is recommended that you consult with your physician, by phone or in person, before having a fitness test or participating in a prescribed physical-activity program. In some instances, depending upon the answers you provided to the questions above, you may be required to obtain a physician's written clearance before an exercise program can be designed for you.