Offering a Biblical approach to fitness

John 5:1-17

HEALTH AND MEDICAL QUESTIONNAIRE

Date: ______________

Name: _______________________________ Date of birth: _______________ Age: _______

Address: ____
Street City State Zip

Phone (Cell): ______________ (Home): _______________ E-mail address: __________________

Emergency Contact:

Name: _________________________________ Relationship: ______________________

Phone (Cell): ______________ (Home): _______________

Primary Care Provider:

Name: ___________________________ Health Care Facility: ___________________________

Personal Physical Information:

Height: ________ Weight: ________ Goal Weight: ________ Timeframe: ________

Present/Past History

Have you had OR do you presently have any of the following conditions? (Check if yes.)

___ Rheumatic fever

___ Recent operation

___ Edema (swelling of ankles)

___ High blood pressure

___ Injury to back or knees

___ Low blood pressure

___ Seizures

___ Lung disease

___ Heart attack

___ Fainting or dizziness with or without physical exertion

___ Diabetes

___ High cholesterol

___ Orthopnea (the need to sit up to breathe comfortably) or paroxysmal (sudden, unexpected

attack) nocturnal

dyspnea (shortness of breath at night)

___ Shortness of breath at rest or with mild exertion

___ Chest pains

___ Palpitations or tachycardia (unusually strong or rapid heartbeat)

___ Intermittent claudication (calf cramping)

___ Pain, discomfort in the chest, neck, jaw, arms, or other areas with or without physical exertion

___ Known heart murmur

___ Unusual fatigue or shortness of breath with usual activities

___ Temporary loss of visual acuity or speech, or short-term numbness or weakness in one side, arm, or leg of your body

___ Stroke

___ Eating Disorder

___Bariatric Surgery

___ Other

Please list any surgeries that you've had (along with dates):_______________________________________

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Family History

Have any of your first-degree relatives (parent, sibling, or child) experienced the following conditions? (Check if yes.) In addition, please identify at what age the condition occurred.

___ Heart arrhythmia

___ Heart attack

___ Heart operation

___ Congenital heart disease

___ Premature death before age 50

___ Significant disability secondary to a heart condition

___ Marfan syndrome

___ High blood pressure

___ High cholesterol

___ Diabetes

___ Other major illness ___________________________

Explain checked items:____

____

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Activity History

1. How were you referred to this program? (Please be specific.)________________________________

____

2. Why are you enrolling in this program? (Please be specific.)_________________________________

____

3. Are you presently employed? Yes ___ No ___

4. What is your present occupational position? ____

5. Name of company:____

6. Have you ever worked with a personal trainer before? Yes ___ No ___

7. Date of your last physical examination performed by a physician:

8. Do you participate in a regular exercise program at this time? Yes ___ No ___

If yes, briefly describe:____

____

____

9. Can you currently walk 4 miles briskly without fatigue? Yes ___ No ___

10. Have you ever performed resistance training exercises in the past? Yes ___ No ___

11. Do you have injuries (bone or muscle disabilities) that may interfere with exercising?

Yes ___ No ___

If yes, briefly describe: ____

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____

12. Do you smoke? Yes ___ No ___

If yes, how much per day and what was your age when you started? _______ Amount per day ______

Age ______

13. What is your body weight now? ____ What was it one year ago? ____

14. Do you follow or have you recently followed any specific dietary intake plan, and in general and how do you feel about your nutritional habits? ____

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15. List the medications you are presently taking.

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____

16. List in order your personal health and fitness objectives.

a. ____

____

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b. ____

____

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c. ____

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From NSCA, 2012, NSCA's essentials of personal training, 2nd ed., J. Coburn and M. Malek (eds.), (Champaign, IL: Human Kinetics).