

HEALTH HISTORY & ACTIVITIES QUESTIONNAIRE

PAGE 1 OF 2

Your responses to the following questions will help us develop a personalized fitness program for you. Please complete the information below giving your candid answers. This form will remain confidential.

Personal Information

Name: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Physician's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

How did you first hear about Fitness Formula? _____

Medical History

- Do you now, or have you had in the past: Yes No
- History of heart problems, chest pain or stroke. Yes No
- Increased blood pressure. Yes No
- Any chronic illness or condition Yes No
- Difficulty with physical exercise. Yes No
- Advice from a physician not to exercise. Yes No
- Recent surgery (last 12 months). Yes No
- Pregnancy (now or within 3 months) Yes No
- History of breathing or lung problems. Yes No
- Muscle, joint or back disorder, or any previous injury still effecting you. Yes No
- Diabetes or thyroid condition. Yes No
- Cigarette smoking habit. Yes No
- Obesity (more than 20% over ideal body weight). Yes No
- Increased blood cholesterol. Yes No
- History of heart problems in immediate family Yes No
- Hernia or any condition that may be aggravated by lifting weights. Yes No

Please explain any "yes" answers: _____



FITNESS FORMULA

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Are you taking any medications or drugs? Of so, please list medication, dose and reason:

Does your physician know you are participating in this exercise program? Yes No

Describe any physical activity you do somewhat regularly:

Are there any activities of daily living that you can no longer do, or find difficult, because of your fitness level?

Lifestyle Information

Do you regularly exercise? Yes No

If yes, how many times per week? _____ For how long? _____

What types of activities do you enjoy?

What exercise equipment do you have available to you?

What is your perceived stress? Low Moderate High

What measures do you take, if any, to reduce your stress level?

How would you describe your nutrition/eating habits?

What are your current fitness expectations?

How many hours per week can you commit to a fitness program? _____

CONSENT FORM

Please read carefully then sign and date below.

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in this program may be injurious to my health, am voluntarily participating in the Fitness Formula Program, which has been explained to me verbally, as well as presented in written form.

Having such knowledge, I hereby release The Fitness Formula, its representatives, agents, employees and successors from liability for accidental injury or illness which I may incur as a result of participating in the said fitness program. I hereby assume all risks connected therewith and consent to participate in said program.

Signature

Date

Please Print Your Name



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