

## Fit U Training, LLC

### Client Health History Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_

e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Referred by: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Does your physician approve of your participation in this exercise program?    Yes    No

2. Are you taking any medications that affect your vital signs (heart rate, blood pressure, breathing, etc.) or physical performance?

Yes    No

#### Do you now, or have you had in the past:

4. History of heart problems in the immediate family?    Yes    No

5. Cigarette, cigar, or pipe smoking habit?    Yes    No

6. Increased blood pressure?    Yes    No

7. Increased total blood cholesterol (>200 mg/dL)    Yes    No

8. Diabetes?    Yes    No

9. History of heart problems, chest pain, or stroke?    Yes    No

10. History of breathing or lung problems?    Yes    No

11. Muscle, joint, or back disorder, or any previous injury still affecting you?    Yes    No

12. Hernia or any condition that may be aggravated by lifting weights?    Yes    No

13. Any chronic illness or condition?    Yes    No
14. Obesity (more than 20% over ideal body weight)?    Yes    No
15. Recent surgery (last 12 months)?    Yes    No
16. Pregnancy (now or within last year)?    Yes    No
17. Difficulty with physical exercise?    Yes    No
18. Advice from physician not to exercise?    Yes    No

**Please explain answers below**

**What is your normal daily physical activity level?**

At work:

- Light activity (office worker, etc.)
- Moderate activity (Nurse, Homemaker, Wait staff, etc.)
- Heavy activity (Construction worker, Laborer, etc.)

At home:

- Light activity (Walking, watching TV, etc.)
- Moderate activity (Weekend sports, or biking, running, playing team sport, or working out in gym, etc., (1-3x per week)
- Heavy activity (Strenuous conditioning training, including biking, running, playing team sport, working out in gym, etc., (4-7x per week)