



HEALTH HISTORY QUESTIONNAIRE

Last Name _____ First Name _____ MI _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
E-mail _____ Gender: Male _____ Female _____
Date of Birth ____/____/____ Occupation _____
Notify in Emergency _____ Phone _____
Physician _____ Phone _____

YES NO

- Y N Do you have a heart condition or murmur?
Y N Have you ever suffered from a stroke or heart attack?
Y N Do you have diabetes or any other metabolic disease (i.e. hyper or hypothyroid)
Y N Do you have asthma or another airway disorder that is aggravated with exercise?
Y N Women Only—Are you currently pregnant or within six months post-partum?
Y N Have you undergone any surgery within the last year? If yes, please explain: _____

Do you have any health conditions or orthopedic issues that may affect your ability to exercise? ie: Parkinson's, Osteoarthritis, Osteoporosis, Crohn's, Lou Gehrig's etc... Please list here: _____

RISK FACTORS

- Y N Are you a male greater than 45 years of age or a female greater than 55 years of age?
- Y N Do/Did your parents or siblings have any history of heart disease before age 55?
- Y N Do you have a history of high blood pressure (resting BP greater than 140/90)?
- Y N Is your cholesterol greater than 200mg/dl?
- Y N Do you presently smoke or have you smoked within the last two years?
- Y N Are you currently taking any medications? If yes, please list any medications here & why you are taking them: _____

Have you ever experienced ANY of the following signs or symptoms?

- Y N Pain or discomfort in the chest, neck, jaw, or arms during exertion that was relieved by rest?
- Y N Unexplained shortness of breath with usual activity?
- Y N Dizziness or fainting?
- Y N Awakening from sleep with difficulty breathing and/or chest, neck, jaw, or arm pain or discomfort?
- Y N Unexplained swelling of ankles?
- Y N Unexplained rapid heart rate?
- Y N Severe calf pain with exertion?

Do you have any discomfort in any joints or past injuries we should know about that could affect your ability to exercise? If so, please list here: _____

The majority of individuals who wish to engage in some sort of physical activity can do so without any limitations. Prescriptive Health, LLC reserves the right to defer to the medical community any condition disclosed herein that suggests or demands further evaluation. All information given is voluntary and remains confidential unless written consent is given for release or demanded by the courts. If your health condition changes after signing this form, please inform PRESCRIPTIVE HEALTH, LLC immediately.

Client's Signature _____ Date _____