

Health History Form

Just a bit of information to help us keep your workouts safe and fun!

Name _____ Date _____

Address _____ E-mail _____

Date of Birth _____ Phone H _____ W _____

Height _____ Weight _____ Present state of Health _____

Physician's Name _____ Phone _____

List all Medications: _____

Do you have now or have you had *within the past year*:

	Yes	No
1. A history of health problems?	_____	_____
2. High blood pressure?	_____	_____
3. Difficulty with physical exercise?	_____	_____
4. A chronic illness? _____	_____	_____
5. Advice from a physician not to exercise?	_____	_____
6. Back disorder? _____	_____	_____
7. Recent surgery (within past 3 months)	_____	_____
8. History of lung problems?	_____	_____
9. Diabetes?	_____	_____
10. Cigarette smoking habit?	_____	_____
11. High blood cholesterol?	_____	_____
12. History of heart problems in the immediate family?	_____	_____
13. Have you been pregnant within the past 3 months?	_____	_____

If you answered yes to any of these questions, you must consult your physician before beginning this exercise program. I have done so _____ I intend to do so _____

Does your physician know you are participating in cardio and strength activities? _____

If so, has he/she given you any limitations? _____

What regular physical activity do you presently do?

Activity	Since (date)	Frequency
_____	_____	_____
_____	_____	_____

What are your fitness goals now? _____

In order to improve your fitness levels are you prepared to make a commitment to classes 3 x week? _____

In order to improve your health, are you committed to paying attention to the foods you buy and eat? _____

If you answered "yes" to all of the above, you are ready for your life to be better, and we can help you! But only if you do your part ☺ Let us make this a great month for *you*.

(Please inform us when your health history changes and complete a new form.)

If you don't change your beliefs, your life will be like this forever. Is that good news? Robert Anthony

If you have any negatives in your health history let us help you change your life for the better!