

Premier Personal Training

HEALTH HISTORY

Name _____ Birth Date _____
 Address _____ City/State/Zip _____
 Phone: Home _____ Work _____ Cell _____
 E-mail address _____
 Emergency Contact _____ Phone _____ Relationship _____

To design a safe and effective fitness program, it is important that you complete the following health history. It is crucial that you answer all the questions honestly and to the best of your ability. Please be advised that all information is kept strictly confidential.

Have you ever had pain or any problems in the following areas?

Neck _____ Shoulders _____ Elbows _____ Wrists _____
 Upper Back _____ Lower Back _____ Hips _____ Knees _____
 Other _____

Please check all that apply.

Diabetes _____ Epilepsy _____ Asthma _____ High Cholesterol _____
 Heart conditions _____ High Blood Pressure _____ Arthritis _____

If you answer yes to any of the following, please consult your physician before starting your program.

Please check the appropriate response.

	YES	NO
Has your doctor ever told you that you have heart problems?	_____	_____
Has your doctor ever told you that you have high blood pressure?	_____	_____
Have you ever had a stroke or heart attack?	_____	_____
Have you ever had pain or pressure in your chest?	_____	_____
Have you ever had pain in your arm, shoulder or neck?	_____	_____
Have you ever had pain in your legs, butt or foot?	_____	_____
Do you ever feel faint, lightheaded or have dizzy spells?	_____	_____
Have you had surgery in the last year?	_____	_____
Have you ever had muscle, bone or joint problems?	_____	_____
Do you have a history of lung problems?	_____	_____
Do you smoke?	_____	_____
Do you have a chronic condition requiring special care?	_____	_____
Are you pregnant, or have you been pregnant within the past year?	_____	_____
Have you ever received advice from a physician not to exercise?	_____	_____

I have read all of the above and do not need to consult my physician. _____ (Initials)