



### Medical History

Please PRINT all information clearly.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Bus. Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Date of last medical: \_\_\_\_\_ By Dr. \_\_\_\_\_

Please check if you have (or had) the following:

\_\_\_ Diabetes: If yes, do you take:

\_\_\_ insulin \_\_\_ pills \_\_\_ diet

\_\_\_ Heart trouble

\_\_\_ Disease of arteries

\_\_\_ Asthma

\_\_\_ Injuries to knees

\_\_\_ Epilepsy

\_\_\_ Eye problems

\_\_\_ High blood pressure

\_\_\_ High cholesterol

\_\_\_ Lung disease

\_\_\_ Injuries to back

\_\_\_ Arthritis

Please explain items checked above \_\_\_\_\_

What medications do you take regularly and for what reason?

Do you have any of the following symptoms during or after exercise?

\_\_\_ Wheezing

\_\_\_ Difficulty breathing

\_\_\_ Shortness of breath

\_\_\_ Knee pain

\_\_\_ Foot pain

\_\_\_ Shoulder pain

\_\_\_ Chest pain

\_\_\_ Coughing

\_\_\_ Heart palpitations

\_\_\_ Back pain

\_\_\_ Leg pain

\_\_\_ Neck pain

Explain anything checked above including type of professional advice if any.

Give approximate dates \_\_\_\_\_

#### **Risk factors**

1. Smoking \_\_\_ yes \_\_\_ no: How many? \_\_\_\_\_ How many years? \_\_\_\_\_

If you have stopped, when did you? \_\_\_\_\_ Why? \_\_\_\_\_

2. Family History: Does your mother\_\_\_\_, father\_\_\_\_, brother or sister\_\_\_\_ have heart disease or have they died from it? How old were they when they died \_\_\_ or developed it? \_\_\_\_\_

3. Weight: What is your height? \_\_\_\_\_ Weight? \_\_\_\_\_ What would you consider your ideal weight? \_\_\_\_\_ Are you dieting now?\_\_\_\_ Why?\_\_\_\_\_

Which diet? \_\_\_\_\_

4. Diet: How often do you eat beef, pork or lamb? \_\_\_\_\_ eggs? \_\_\_\_\_ coffee?\_\_\_\_\_ Do you use salt?\_\_\_\_\_

5. Exercise: What do you do for exercise now? Be specific, (ie. If you walk, how far, how long, how often?) \_\_\_\_\_

What was/is your favorite exercise activity? \_\_\_\_\_