City of Dublin
OHIO, USA

HEALTH HISTORY QUESTIONNAIRE

Name: _____ Date of Birth: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please list the person that you would like us to contact in the event of an emergency:

Name: _____ Phone: _____

Relation: _____

Health Care Provider: _____

Name: _____ Phone: _____

Present and Past History: Do you currently or have you previously had any of the following:

- ☐ Heart Attack
- ☐ Fainting or dizziness
- ☐ Any kind of heart disease or heart surgery
- ☐ Chest pains
- ☐ Prediabetes
- ☐ Diabetes
- ☐ Kidney disease
- ☐ High Cholesterol
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Lung disease
- ☐ Cancer
- ☐ Seizures
- ☐ Recent operation
- ☐ Rheumatic fever
- ☐ Other (please explain): _____

_____

- ☐ Palpitations or tachycardia (unusually strong or rapid heartbeat)
- ☐ Known heart murmur
- ☐ Edema (swelling of ankles)
- ☐ Muscle or joint problems (back, knee, hip, etc.)
- ☐ Temporary loss of clear vision or speech or short term numbness or weakness in one side, arm, or leg
- ☐ Pain, discomfort in the chest, neck, jaw, arms or other areas
- ☐ Unusual fatigue or shortness of breath at rest of light activity
- ☐ Intermittent claudication (calf cramping)
- ☐ Shortness of breath while laying down, at night of that comes on suddenly

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Family History: Have any of your first-degree relative (parent, sibling, child) experienced any of the following conditions? Please identify at what age the condition occurred.

- ☐ Heart attack
- ☐ Congenital heart disease
- ☐ Heart surgery
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Diabetes
- ☐ Other major illness: _____

_____

Please explain checked conditions: _____

_____

Activity History: Please answer the following questions as best you can

1. Have you ever worked with a personal trainer before? ☐ Yes ☐ No
2. Date of your last physical exam performed by a physician:
3. Do you participate in a regular exercise program currently? ☐ Yes ☐ No
   a. If yes, briefly explain:
4. Can you currently walk 2 miles briskly without fatigue? ☐ Yes ☐ No
5. Have you ever performed strength training exercises in the past? ☐ Yes ☐ No
6. Do you have injuries that may interfere with exercising? ☐ Yes ☐ No
   a. If yes, briefly explain:
7. Do you smoke? ☐ Yes ☐ No
8. What is your body weight now? _____
9. What was your body weight one year ago? _____
10. List any medications you are currently taking?

_____

_____

11. What are your goals related to health and fitness? _____

_____

_____