



## BALANCE FITNESS

### PERSONAL TRAINING & NUTRITION

#### Personal Health History

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

#### Medical

*Has a doctor or health professional ever told you that you have or have had any of the following conditions?*

- Family History of Heart Disease
- Asthma
- High Cholesterol
- Stroke
- Diabetes
- High or Low Blood Sugar
- Emphysema
- Epilepsy
- Cancer

*Do you have any of the following?*

- Back Pain
- Joint Replacement/Repair
- Joint, Tendon or Muscular Pain
- Osteoporosis
- Pacemaker

*Are you currently taking any medication that would affect the following?*

Heart Rate Y N

Blood Sugar Y N

Balance Y N

*Please list any other condition or recent surgeries that you feel I should know about in planning a fitness program for you:*

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## **Lifestyle**

*What is your current occupation?*

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*Does your occupation require extended periods of sitting?*

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*Does your occupation require extended periods of repetitive movements? (If Yes, Please explain)*

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*Does your occupation require you to wear shoes with a heel (dress shoes)?*

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*Does your occupation cause you anxiety? (mental stress)*

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*Which best describes your current smoking status?*

- I have NEVER smoked, or quit more than 6 months ago.
- I CURRENTLY smoke, or quit within the last 6 months.

*Do you consider your daily job or daily activities to be: Sedentary or Active*

*Please describe your current exercise choices:*

- Generally sedentary
- A vacation/weekend exerciser
- Physically active monthly (If this, how many times a month? \_\_\_\_\_)
- Physically active weekly (If this, how many times a week? \_\_\_\_\_)

*Are your current exercise choices different from your past exercise choices? Y N*

*If yes, describe:*

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*Do you partake in any recreational activities?*

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*Do you have any hobbies? (reading, gardening, working on cars, internet, etc)?*

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**Training Goals**

*How much time do you want to spend working out?* \_\_\_\_\_

*What goals do you have concerning your training and health?* \_\_\_\_\_

\_\_\_\_\_

**Current Primary Care Physician:**

*Name:*

*Address:*

**May we send a letter to your primary care physician to let them know we are working together? If so, Please sign below.**

*I give my permission to Balance Fitness Personal Training and Nutrition to contact my current physician.*

**Sign** \_\_\_\_\_