



BALANCE FITNESS AND WELLNESS

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:

Lifestyle

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: _____

Training Goals

How much time do you want to spend working out? _____

What goals do you have concerning your training and health? _____
