



# Health History

Please complete **both sides** of this form and return it prior to your first exercise session.

Discover. Connect. Belong.

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

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I. \_\_\_\_\_

Street address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female

Emergency contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Physician name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Are you currently under a doctor's care? Yes  No  Reason: \_\_\_\_\_

## FAMILY HISTORY - Parents, Grandparents, Siblings

Yes	No	Family Member	Age of Onset
___	___	Heart Disease (circle) Heart Attack, Artery Disease	_____
___	___	Bypass Surgery, Coronary Surgery	_____
___	___	Sudden Death	_____
___	___	Congenital Heart Disease	_____
___	___	Stroke	_____
___	___	High Blood Pressure	_____
___	___	High Cholesterol	_____
___	___	Obesity	_____

## PERSONAL HISTORY

Yes No

\_\_\_ \_\_\_ Heart Disease: (circle) Heart Attack, Artery Disease, Bypass Surgery, Coronary Surgery

\_\_\_ \_\_\_ Congenital Heart Disease

\_\_\_ \_\_\_ Heart Murmur

\_\_\_ \_\_\_ Chest, Neck, Jaw or Arm Pain/Pressure/Tightness/Heaviness: \_\_\_with exertion \_\_\_at rest

\_\_\_ \_\_\_ Irregular Heart Beat: \_\_\_rapid \_\_\_slow \_\_\_skipped beats \_\_\_extra beats

\_\_\_ \_\_\_ High Blood Pressure \_\_\_/\_\_\_mm Hg

\_\_\_ \_\_\_ Elevated Cholesterol

\_\_\_ \_\_\_ Elevated Triglycerides

\_\_\_ \_\_\_ Stroke (date \_\_\_/\_\_\_/\_\_\_)

(Please complete both sides: additional questions on the back.)

**PERSONAL HISTORY**

Yes No

- Smoker (number per day \_\_\_\_)
- Cancer
- Diabetes: \_\_\_type I \_\_\_type II
- Diagnosed Hypoglycemia
- Anemia
- Epilepsy or Seizures
- Osteoporosis
- Asthma
- Anxiety or Depression
- Pregnant (due date \_\_\_/\_\_\_/\_\_\_\_)
- Unusual Fatigue or Shortness of Breath
- Excessive Swelling/Fluid Retention in Ankles

Yes No

- Eating Disorder \_\_\_Anorexia \_\_\_Bulimia
- Pacemaker (date implanted \_\_\_/\_\_\_/\_\_\_\_)
- Metabolic Disease \_\_\_Thyroid \_\_\_Liver \_\_\_Kidney
- Arthritis
- Joint Pain, Injury, Replacement Date: \_\_\_/\_\_\_/\_\_\_\_
- Muscle Pain, Injury
- Back Pain or Injury \_\_\_upper \_\_\_middle \_\_\_lower
- Lightheaded or Fainting
- Obesity
- Shortness of Breath at Rest or Mild Exertion
- Labored Breathing During Sleep
- Pain/Muscle Cramp While Walking

- Are you sedentary or physically inactive?
- Do you exercise on a regular basis? Times per Week \_\_\_\_\_ Duration \_\_\_\_\_

Please list physical activities: \_\_\_\_\_

Do you take any medications on a regular basis?

Please list medications, dosage and reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any serious illness, hospitalization or surgical procedures with the past two years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug allergies: Please list \_\_\_\_\_  
\_\_\_\_\_

**NEW MEMBER ORIENTATION** One-on-one (60-90 minutes) orientation includes a body composition analysis along with cardio and circuit equipment instruction. **Children under age 16 must complete orientation to use the facilities.**

Yes, I would like to schedule a new member orientation.  
Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

No thanks, I decline the new member orientation.

I attest that the above information is true to the best of my knowledge. By signing this document I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. I understand and am aware that strength, flexibility, and aerobic exercise including the use of equipment, is a potentially hazardous activity, involving risk of injury and even death. By signing this document, I assume all risk for my health and well being while utilizing the fitness center and hereby waive any claim for bodily injury or property damage against the Hempfield recCenter, its agents, servants and/or employees.

Participant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_

Parent/Guardian (under 18 years of age) : \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_