

## HEALTH HISTORY FORM

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

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

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

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell or Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Date of last physical: \_\_\_\_\_

How did you hear about Coach Cassandra? \_\_\_\_\_

### Please check the appropriate spaces

1. Do you have a family history of:

- Heart Disease     
  Diabetes     
  High Blood Pressure     
  High Cholesterol  
 prior to the age of 50?

2. Have you had OR do you have:

- Heart Attack                     
  Abnormal Electrocardiogram                     
  Pacemaker  
 Cardiac Surgery                     
  High Blood Cholesterol                     
  High Blood Pressure  
 Low Blood Pressure                     
  Stroke                     
  Diabetes  
 Asthma                     
  Epilepsy                     
  Irregular Heart Beat

3. Do you presently smoke?    Y    N

If yes, how often do you smoke? \_\_\_\_\_

4. Has your physician ever advised you against exercise?    Y    N

If yes, why? \_\_\_\_\_

5. Do you have OR have you had any of the following conditions:

- Arthritis                     
  Circulatory Problems  
 Shortness of Breath                     
  Light Headedness or Fainting

6. Are you presently taking any medications?    Y    N

If yes, please specify \_\_\_\_\_

7. Do you have any of the following orthopedic problems?

- Stress Fracture                     
  Back Problems                     
  Head/Neck Injury  
 Hip/Pelvic Injury                     
  Ankle/Foot Injury                     
  Arm/Elbow Injury  
 Shin Splints                     
  Shoulder/Clavicle Injury                     
  Knee/Thigh Injury  
 Wrist/Hand Injury                     
  Other \_\_\_\_\_

8. Do you have any other medical conditions or physical limitations which should be considered prior to your participation in an exercise program?     Yes     No    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Is stress a problem in your life? Y N
10. Do you perceive yourself as being overweight? Y N
11. What do you believe to be your ideal weight? \_\_\_\_\_
12. Do you lead a sedentary life? Y N
13. How many days a week are you involved in physical activity?  
 1 to 2 days       3 to 4 days       4 to 5 days       5 to 6 days
14. If you could instantly change one thing about your physical well being, what would it be?

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15. What is your specific **short-term** goal with training (1–2 months)? \_\_\_\_\_

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16. What is your specific **long-term** goal with training (5–6 months)? \_\_\_\_\_

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### PERSONAL TRAINING INFORMED CONSENT

I recognize that exercise is not without risk to the musculoskeletal system (sprains, strains) and cardiorespiratory system (dizziness, fainting, abnormal heartbeat, discomfort in breathing, abnormal blood pressure response, in rare instances heart attack or stroke). I hereby certify that I know of no medical problems (except those listed on this questionnaire) that would increase my risk of illness or injury as a result of participation in a regular exercise program.

The personal training program which I am about to participate in may include a variety of activities that will challenge my exercise capacity.

If I need to cancel an appointment for any reason, I must notify my trainer with at least **24 hour notice**. Failure to do so will result in a charge for a full daily session. By signing this document I am agreeing that all my questions and concerns have been adequately answered and I have full understanding of the program I am about to participate in.

I hereby release Cassandra Dickinson from any and all responsibilities or liabilities to me for injuries that might be sustained while doing any of the exercises or utilizing any of the facilities and equipment at our training location.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness