



## ***Health History Questionnaire and Goals Worksheet***

### **This Form and Your Confidentiality**

This health history form is your opportunity to provide information that will assist our fitness coaches in evaluating your current level of health and fitness. **Fitness Excellence®**, LLC will maintain this form and the information you provide in a manner that assures your confidentiality. Any information you provide will be available only to the fitness coaches of **Fitness Excellence®**, LLC and will be used solely in conjunction with planning and developing health and fitness programs.

### **Basic Information**

Name		Today's Date	
Address			Date of Birth
City	State	Zip Code	
Age	Height	Weight	
Mobile Phone:			
Email:			
Home Phone:			
Primary Physician's Name and Phone No.			
Emergency Contact Name and Phone No.			

### **Health History**

Please indicate your history related to each of the following conditions by checking the appropriate box. If you have had any condition(s) in the past, please indicate the date in the appropriate space.

Condition	Never	Now	Have Had (Date)
Heart murmur, clicks, or other cardiac findings			
Frequent extra, skipped, or rapid heart beats/palpitations			
Heart attack, coronary bypass, or other cardiac surgery			
Chest pain/angina (especially upon exertion)			
Currently pregnant			
Diagnosed with high blood pressure			
Leg cramps during exercise			
Chronic swollen ankles			
Varicose veins			
Frequent dizziness/fainting			
Blood clot			
Severe arthritis			
Orthopedic problem(s) or complaint(s)			

Chronic back pain			
Musculoskeletal problems(s) or complaint(s)			
Asthma			
Cancer			
Diabetes			
Epilepsy			
Rheumatic Fever			
Scarlet Fever			
Bronchitis			
Stroke			
Pneumonia			

Recent Surgery (Please describe and give dates.)

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Other medical problems/considerations, recent illness(es), hospitalizations(s), or injury

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Current medications/prescriptions

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Do you smoke? \_\_\_\_\_

Date of last complete medical or physical exam: \_\_\_\_\_

Do you know of any medical or health conditions, considerations, or circumstances that might make it dangerous or unwise for you to participate in an exercise program?

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**Family Health History**

Please indicate the number of blood relatives (mother, father, grandparents, brothers, sisters, children) who have had a heart attack prior to age 65 \_\_\_\_\_

have had a stroke \_\_\_\_\_

have had or now have diabetes \_\_\_\_\_

have been or are substantially overweight \_\_\_\_\_

**Please answer the following questions as completely and honestly as possible.**

GOALS:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please describe your typical exercise routine.** If you don't currently exercise or haven't exercised in the past skip this section.

How many times per week? \_\_\_\_\_

How long per session? \_\_\_\_\_

What are your favorite types of exercise methods? (Ex: treadmill, bike, running, swimming, weights, types of machines)

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**Nutritional Habits:** (Please describe what you typically eat and drink for meals and snacks throughout your day.)

Breakfast: \_\_\_\_\_

Snack: \_\_\_\_\_

Lunch: \_\_\_\_\_

Snack: \_\_\_\_\_

Dinner: \_\_\_\_\_

**Please tell us what you are looking for in a Fitness Coach.** Do you prefer male or female? Drill Sergeant or Subtle Supporter? In home, in a gym, outside, in person, on-line, etc.  
If you are not sure what you are looking for in a **Fitness Coach**, but know you want someone to motivate you, educate you and tell you what you need to do to achieve your level of **Fitness Excellence**<sup>®</sup>, leave this section blank.

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The information submitted on this Health History and Goals Form is true and complete to the best of my knowledge, and I understand that any wrong or incomplete information could result in a less effective fitness program, injury, or illness.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Signature of Parent or GUARDIAN \_\_\_\_\_  
(for participants under the age of 18)

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