PERSONAL HEALTH HISTORY

Name _____ Date _____
Address _____
Home phone _____ Work phone _____
Emergency contact _____ E-mail address _____

Gender male ____ female ____

Age _____ Birthdate _____ Weight _____ Height _____

Physician's name _____ Physician's phone _____
Does your physician know that you are participating in an exercise/fitness program? yes no
Date of last physical examination _____

Are you taking any medications?
no yes (Please list medications and reasons for usage below)

Medication	Reason for usage

Are you taking any vitamins or dietary supplements?
no yes (Please list supplements and reasons for usage below)

Supplement	Reason for usage

Do you now, or have you had in the past:	yes	no
1. History of heart problems, chest pain or stroke?	☐	☐
2. Increased blood pressure?	☐	☐
3. Any chronic illness or condition?	☐	☐
4. Do you ever get dizzy, lose your balance or lose consciousness?	☐	☐
5. Difficulty with physical exercise?	☐	☐
6. Advice from physician not to exercise?	☐	☐
7. Recent surgery (last 12 months)?	☐	☐
8. Pregnancy (now or within last 3 months)?	☐	☐
9. History of breathing or lung problems?	☐	☐
10. Swollen, stiff, or painful joints?	☐	☐
11. Foot problems?	☐	☐
12. Back problems?	☐	☐
13. Any significant vision or hearing problems?	☐	☐
14. Diabetes or thyroid condition?	☐	☐
15. Cigarette smoking habit?	☐	☐
16. Do you ever drink alcoholic beverages?	☐	☐

17. Increased blood cholesterol? ☐ ☐
18. History of heart problems in immediate family? ☐ ☐
19. Hernia, or a condition that may be aggravated by lifting weights? ☐ ☐
20. Do you have asthma?

Please explain any yes answers below. (If necessary use the back of this page)

Do you have any other medical conditions or problems not previously mentioned? If so, please explain.

FAMILY HISTORY

Father
Current age _____
Father's general health is: excellent ___ good ___ fair ___ poor ___
Reason for fair/poor health is? _____

Mother
Current age _____
Mother's general health is: excellent ___ good ___ fair ___ poor ___
Reason for fair/poor health is? _____

Siblings
Number of brothers _____ Number of sisters _____ Age range _____
Any health problems? Please explain. _____
_____

Have any of your BLOOD relatives had:	yes	no
1. Heart attack under age 50?	☐	☐
2. Stroke under age 50?	☐	☐
3. High blood pressure?	☐	☐
4. Elevated cholesterol?	☐	☐
5. Diabetes?	☐	☐
6. Asthma or hay fever?	☐	☐
7. Heart operations?	☐	☐
8. Obesity?	☐	☐
9. Leukemia or cancer under age 60?	☐	☐

EXERCISE AND PHYSICAL ACTIVITY

For the following questions, please mark which best applies to you.

Are you currently involved in a regular fitness program? yes no

Are you involved in physical activities of daily living? yes no
(walking, gardening, etc.)
If yes, what type and how often? _____

Are you involved in cardiovascular exercise or a group fitness program? yes no
If yes, what type and how often? _____

Are you involved in a strength training/weight lifting program? yes no
If yes, what type and how often? 2 _____

Are you involved in any sports? yes no
If so, what sports and how often? _____

For the following questions, mark which best applies to you.

Do you consider yourself:

- ☐ sedentary
- ☐ lightly active (sporadic workouts, lawn work, little aerobic work)
- ☐ moderately active (work out 1-2 days/week for at least 15-30 minutes)
- ☐ highly active (work out three or more days/week at least 30-45 minutes)

Do you believe that you are physically fit?

- ☐ no
- ☐ less than average
- ☐ average
- ☐ above average
- ☐ outstanding
- ☐ don't know

Indicate the main reason you exercise or why you want to begin an exercise program.

- ☐ it is good for my health
- ☐ my doctor told me to
- ☐ it makes me feel good
- ☐ helps to relieve stress
- ☐ I am trying to lose weight
- ☐ other _____

What activities would/do you prefer in a regular exercise program?

- ☐ walking and/or running
- ☐ swimming
- ☐ stationary cycling
- ☐ stretching
- ☐ strength/resistance training
- ☐ not sure
- ☐ racquetball or squash
- ☐ tennis
- ☐ basketball
- ☐ rowing
- ☐ group fitness classes
- ☐ other _____

GOAL ASSESSMENT FORM

Name _____ Date _____

Goals should be: **SMART** **(**example goal: I want to lose 2 percent body fat within 6 months.)

S ~ Specific: *What will you do?* (i.e. lose weight)
M ~ Measurable: *How will you measure it?* (i.e. percent body fat, BMI)
A ~ Attainable: *Is this something you can attain?*
R ~ Realistic: *Can you realistically reach this goal?*
T ~ Set on a time line: *When do you want to reach this goal?*

Please fill out the goals and objectives below. You may want to wait and set these goals with the guidance of your personal trainer.

Long term goals (Where do you want to be in 6 months to a year?)
1._____
2._____
3._____

Short term objectives (What small things will you do to accomplish your long term goals?)
1._____
2._____
3._____
4._____

Fitness goals (may be similar to goals and objectives above)

1. Cardiorespiratory endurance
_____
_____

2. Muscular strength and endurance
_____
_____

3. Flexibility
_____
_____

4. Body composition/nutrition
_____
_____

For use of NU Fitness Staff

Notes: _____
_____
_____
_____
_____