DATE: _____

Niagara College

Lifestyle and Medical History Questionnaire

Athlete Last Name: _____Athlete First Name: _____

Medical Information:

Please check any that apply to you (past or present) and list any important information about your condition:

☐ Allergies (Specify: _____)	☐ Diabetes	☐ Irritable bowel syndrome (IBS)
☐ Angina	☐ Low Blood pressure	☐ Menopausal symptoms
☐ Anemia	☐ Heart Attack	☐ Multiple Sclerosis
☐ Arthritis	☐ High blood pressure	☐ Osteoporosis
☐ Asthma	☐ Heart Disease	☐ Pregnant
☐ Cancer	☐ High cholesterol	☐ Polycystic ovary syndrome (PCOS)
☐ Chronic sinus condition	☐ Hypoglycemia	☐ Stroke
☐ Crohn's disease	☐ Hypo/hyperthyroidism	☐ Skin problems
☐ COPD	☐ Intestinal problems	☐ Respiratory disease

Describe any other health condition you have that is not listed:

_____

Any important information about your condition (if it applies):

_____

Please list any injuries that may interfere with exercising (past or present):

_____

_____

_____

Please list any major surgeries:

_____

_____

_____

_____

Family History: Has anyone in your immediate family been diagnosed with the following?

- ☐ Heart Disease If yes, what relation: _____
- ☐ High cholesterol If yes, what relation: _____
- ☐ High blood pressure If yes, what relation: _____
- ☐ Cancer If yes, what relation: _____
- ☐ Diabetes If yes, what relation: _____
- ☐ Osteoporosis If yes, what relation: _____
- ☐ Stroke If yes, what relation: _____

Medications:

1. Are you taking any prescribed medications?
   If yes, what medications? _____
   Do these interact with any physical activity? _____
2. Do you take any over-the-counter medication?
   If yes, what medication? _____

Lifestyle and Habits:

1. Do you participate in any structured physical activity? Yes No
   If so, please describe: ____ minutes of cardiovascular activity, _____ times per week.
   At what intensity are the cardiovascular sessions? ☐ Low ☐ Moderate ☐ High
   ____ minutes of strength-training, ____ times per week
   ____ minutes of flexibility training, ___ times per week
   ____ minutes of sports per week

   List sport(s): _____