



At-Risk Health Assessment

☐ New Client

☐ Renewal

Name: _____

Date: _____

1. Age:

Are you a male over 45 years old or a female over 55 years old?

☐ Yes

☐ No

2. Family History:

Have you had a father (55 years or younger), mother (65 years or younger), brother and/or sister die of a heart attack?

☐ Yes

☐ No

3. Cigarette Smoking:

Are you a current smoker and/or in an environment with exposure to tobacco smoke?

☐ Yes

☐ No

4. Physical Inactivity:

Is your lifestyle currently sedentary and not working out the past 3 months in at least 3+ days a week for 30 minutes of moderate-intensity exercise?

☐ Yes

☐ No

5. Obesity:

Do you have a waist girth circumference of 40 inches for a male or 35 inches for a female?

☐ Yes

☐ No

☐ Unknown

6. Hypertension:

Is your current Systolic blood pressure average number greater than 140 and/or Diastolic blood pressure average number greater than 90?

☐ Yes

☐ No

☐ Unknown

7. Dyslipidemia:

Is your current LDL cholesterol number greater than 130mg and/or HDL cholesterol lower than 40mg?

☐ Yes

☐ No

☐ Unknown

8. Pre/Diabetes:

Is your fasting plasma glucose greater than 126mg?

☐ Yes

☐ No

☐ Unknown

9. Symptomatic:

Have you been diagnosed by your Primary Doctor as having a known Cardiac, Pulmonary or Metabolic Disease?

- ☐ Yes
- ☐ No

10. Other Physical Health Concerns:

Please checkmark ALL that APPLIES?

- ☐ High Blood Pressure
- ☐ Abnormal Cholesterol
- ☐ Pre Diabetes/Diabetes
- ☐ Weight Concerns/Management
- ☐ Stroke
- ☐ Osteoarthritis
- ☐ Heart Disease
- ☐ Respiratory Problems
- ☐ Body Pain
- ☐ Sleep Disorder
- ☐ Cancer
- ☐ Depression
- ☐ Anxiety
- ☐ Impaired Physical Function
- ☐ Lowered Quality of Life
- ☐ Other: _____

