



FOR CLIENTS INTERESTED IN THE EXERCISE PROGRAM MEDICAL HISTORY AND CURRENT STATUS QUESTIONNAIRE

A) FAMILY MEDICAL HISTORY Please indicate if any direct family members have had the following:

Medical Issues	YES	NO	Medical Issues	YES	NO
Heart disease	☐	☐	Kidney disease	☐	☐
Cancer	☐	☐	Diabetes	☐	☐
Broken bones/ Chronic pain	☐	☐	Mental health disorder	☐	☐
Drugs abuse	☐	☐	Other	☐	☐

Other: _____

B) PERSONAL INFORMATION

Age: _____

Height: _____

Weight: _____

Medical conditions: _____

Medications: _____

Alcohol use: _____

Drug use: _____

Eating habits: _____

Main foods: _____

Physical activity: _____

Sports: _____

Hobbies: _____

Current symptoms (if any): _____

Name: _____ Client Signature: _____ Date: _____