

HEALTH HISTORY

Client _____ Date _____

Trainer _____

Does your physician know you are participating in an exercise program? Yes No

Are you currently taking any medications? Please list. _____

Physician's Name: _____

Physician's Phone #: _____ Physician's Fax #: _____

Emergency contact: _____ Relationship: _____

Address: _____ Phone #: _____

Please check **Yes** or **No** and answer as accurately as possible so proper assessment can be made. Your answers will be treated in a confidential manner. **Do you now, or have you had in the past:**

Yes No

- 1. A family history of cardiac or pulmonary disease prior to age 55 in male or 65 in female.
 - 2. Smoke cigarettes.
 - 3. Been diagnosed with high blood pressure (greater than 140/90).
 - 4. Been diagnosed with high blood glucose (greater than 100 mg/dl, fasting).
 - 5. Serum cholesterol greater than 200.
 - 6. HDL greater than 60 mg/dl, less than 40 mg/dl, LDL >130, or on Lipid - Lowering Medication.
 - 7. Metabolic diseases (thyroid, renal, liver).
 - 8. Chronic illness or condition.
 - 9. Hernia or any condition that may be aggravated by weight lifting.
 - 10. Recent surgery (within the last 12 months). If so, what type of procedure.
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- 11. Osteoporosis.
 - 12. Ankle edema (swelling).
 - 13. Pregnancy (currently or within the last 3 months).
 - 14. Muscle, joint or back disorder (or previous injury still affecting you).
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- 15. History of breathing or lung problems.
 - 16. Are you participating in a regular exercise program?

I have disclosed all health information asked for. The information given is true & complete to the best of my knowledge.

Signature

Date

Signature of Parent or Guardian (If participant is less than 18 years of age)

Personal Training Use

Systolic BP (↑140 - ↓160) _____ Diastolic BP (↑90 - ↓95) _____

ACSM Classification _____ Resting Heart Rate _____

Risk Factors: _____

Stratification (circle) Apparently Healthy/Low Risk Increased Risk/Moderate Risk Known Disease/High Risk

Patient Recommendation Form Yes / No : Red / Yellow

Procedures for follow up _____

Physical Activity Readiness Questionnaire (PARQ)

For most people physical activity should not pose a problem or hazard.

The PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should receive medical advisement concerning the type of activity most suitable for them.

Common sense is your best guide in answering these questions. Please read them carefully and circle the correct answer opposite the question as it applies to you.

Yes No Has your doctor said your blood pressure is too high or are you taking medication for high blood pressure? If so, what is the reading?

Yes No Has your doctor ever said that you have a bone or joint problem such as arthritis that has been or might be made worse with exercise? If yes, please list:

Yes No Do you ever feel faint or have spells of severe dizziness?

Yes No Are you pregnant, have a serious injury, or other medical conditions that require guidance? If yes, please list:

Yes No Do you know of any other reason why you should not do physical activity? If yes, please list:

Yes No Have you been diagnosed with a known disease such as diabetes, MS, Fibro, etc. If yes, please list:

Yes No Has your doctor told you that you have heart trouble?

Yes No Do you feel pain in your chest when you do physical activity?

Yes No Are you over the age of 60 and not accustomed to vigorous exercise?

Yes No Have you had any of the following: shortness of breath; (especially upon exertion), heart palpitations, leg cramps during walking, or present swelling around the ankles?

Member Name: _____

Phone #: _____ Evening Phone# _____

Email: _____

Signature: _____

Parent or Guardian
Signature (if under 18): _____

Staff Initials: _____ Date: _____

If you answered "YES" to one or more questions:

- Complete a Patient Recommendation Form.

If you have any questions, contact the Personal Training Manager or a Personal Trainer at your club.

- If you have not recently done so, consult your physician before increasing/starting your physical activity and/or taking complimentary personal training sessions.

If you answered "NO" to all the questions you are suitable for:

- Unrestricted physical activity starting off easy and progressing gradually.
- Restricted or supervised activity to meet your specific needs, at least on an initial basis. Wellbridge Personal Trainers are available to assist you with a program that complies with your physician's recommendations.

If you answered "NO" to one or more questions but feel you would still like additional assistance:

One of our qualified Personal Trainers are available to assist you.

Would you like assistance from a Wellbridge Personal Trainer? YES NO

Membership Rep: _____ Ext. _____

Personal Trainer: _____ Ext. _____