Health & Physical Activity Questionnaire

POWER
SANFORD HEALTH

Staff:_____

Name_____**Age**_____**Today'sDate**_____/_____/_____

Address_____City_____State_____Zip_____

Date Of Birth_____/_____/_____ Phone # (H)(_____)_____ (C)(_____)_____

Email_____

Occupation_____**Employer**_____ **(W)(_____)**_____

Primary Physician_____ **Last Physical Examination**_____

Emergency Contact_____**Relationship**_____

Cell #(_____)_____ **Work #(_____)**_____

Has your participation in an exercise program been approved by a physician?	**Yes ○ No ○**
Are you under a doctor's supervision for any illness that may affect your ability to exercise?	**Yes ○ No ○**
Have you ever been diagnosed with any type of heart condition?	**Yes ○ No ○**
Do you currently have high blood pressure or are you on medication to control it?	**Yes ○ No ○**
Do you have high cholesterol levels or are you on medication to control it?	**Yes ○ No ○**
Have you been diagnosed with diabetes?	**Yes ○ No ○**
Have you ever lost consciousness or fallen due to dizziness?	**Yes ○ No ○**
Do you currently smoke?	**Yes ○ No ○**
Females: Are you pregnant? Trimester?_____ Due Date?_____	**Yes ○ No ○**

If you answered 'YES' to any of the above questions, please explain in detail and list the age of onset.

_____

_____

Do you have any bone/joint problems or other physical ailments which would affect your exercise program? If yes, please explain.

_____

_____

Do you have a family history of the following? If yes, please state relationship and age of onset.

Diabetes	**Yes ○ No ○**	_____
Heart Disease	**Yes ○ No ○**	_____
High Blood Pressure	**Yes ○ No ○**	_____
Stroke	**Yes ○ No ○**	_____

Please list any prescribed and/or over the counter medications, the dosage, and purpose for taking them.

_____

_____

Describe your present activity pattern. Include the activity, frequency, intensity and duration.

_____

_____

Fitness Goals (rate in order your top three fitness goals)

___Lose body fat	**___Muscle tone/shape**	**___Improve endurance**	**___Feel better**
___Lose weight	**___Improve strength**	**___Improve stamina**	**___Look better**
___Lose inches	**___Rehab injury**	**___Reduce risk of**	**___Improve energy**
___Increase metabolism	**___Improve flexibility**	**heart disease/diabetes**	**___Live healthier**
___Gain weight	**___Improve posture**	**___Reduce stress**	**___Other**