

## Health Questionnaire

Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

### In case of emergency, who should be called?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### A. Health History:

*Do you have any...*

*Such as...*

Known cardiovascular disease? Heart attack, angioplasty,  
bypass surgery, chest pain  
(angina), shortness of breath? **Yes No**

Blood pressure conditions? Are you taking blood pressure  
medication or under a physician's  
care for high blood pressure? **Yes No**

Respiratory disease? Asthma or emphysema **Yes No**

Vascular disease? Arteriosclerosis (hardening  
Of the arteries), deep vein  
thrombosis (leg pain, especially  
when walking)? **Yes No**

Metabolic disorders?	Diabetes type I or II? Thyroid disorder, kidney Or liver disease?	<b>Yes</b>	<b>No</b>
Undiagnosed Chest pain?		<b>Yes</b>	<b>No</b>
History of back problems?		<b>Yes</b>	<b>No</b>
Repetitive use syndrome?	Tendonitis, carpal tunnel syndrome?	<b>Yes</b>	<b>No</b>
Orthopedic issues?	Broken bones, arthritis, scar tissue that inhibits normal range of motion?	<b>Yes</b>	<b>No</b>
Mitral valve prolapse?		<b>Yes</b>	<b>No</b>
Mitral valve stenosis?		<b>Yes</b>	<b>No</b>
Are you pregnant or post-partum?		<b>Yes</b>	<b>No</b>
Do you smoke?	<b>Very Little</b>	<b>Yes</b>	<b>No</b>
Are you currently taking any medications or dietary supplements (including vitamins)?		<b>Yes</b>	<b>No</b>

If yes, what are you taking? \_\_\_\_\_

Why are you taking it? \_\_\_\_\_

Do you currently have an eating disorder, or have you ever had difficulty with an eating disorder? Please explain:

Have you had surgery within the past two (2) years? Please explain:

A doctor's approval will be required for some of the "yes" answers. Please indicate if I have your permission to contact your physician to request a release, if required: **Yes No**

**Physician's Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Participant's Signature** \_\_\_\_\_

**Today's Date** \_\_\_\_\_