



Pathway to Fitness, Inc. ***Health and Fitness Profile***

The information obtained from this form will be used to assist in determining your health/physical condition in regard to your participation in a regular exercise program. It is important that each question is answered as completely and accurately as possible. **Because physical exercise and nutritional changes can be strenuous and subject of injury, illness, or possible death, I urge you to obtain a physical examination from a physician before beginning any exercise or nutrition program.** The information recorded below will be kept confidential.

DATE: _____ NAME: _____ AGE: _____
DOB: _____ GENDER: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____
EMERGENCY CONTACT: _____ TELEPHONE: _____

GENERAL MEDICAL HISTORY

Please circle YES or NO and complete the description below if necessary

YES NO Do you have any present medical problems? Describe:

YES NO Have you had any major illnesses in the past? Describe:

YES NO Have you had any surgery or hospitalization in the past? Describe and give dates:

YES NO Do you have a personal physician? Name: _____
Date of last physical: _____ Telephone: _____

YES NO Do you have any skeletal or muscular injuries, which might limit your ability to exercise?
Describe: _____

YES NO Do you have a physical therapist? Name: _____
Date of last session: _____ Telephone: _____
Type of Injury: _____

YES NO Are you currently taking any medications? Describe:

YES NO Are you currently taking any vitamins or supplements? Describe:

YES NO Do you have a nutritionist? Name: _____
Why? _____
Date of last session: _____ Telephone: _____

YES NO Do you have a massage therapist? Name: _____
Why? _____
Date of last session: _____ Telephone: _____

YES NO Do you have an acupuncturist? Name: _____
Why? _____
Date of last session: _____ Telephone: _____

Additional Comments:

DO YOU NOW HAVE OR HAVE HAD ANY OF THE FOLLOWING:

YES NO High Blood pressure (140/90 or higher)
If yes, are you taking medication? Please list: _____

YES NO High Cholesterol levels (240 mg+)
If yes, are you taking medication? Please list: _____

YES NO Abnormal EKG (Electrocardiogram)

YES NO Family history of heart disease, stroke or chest pain in parents or sibling before age of 55

YES NO Rapid or irregular heart rate (arrhythmia)

YES NO Seizure disorders

YES NO Do you smoke cigarettes? If yes, how many packs per day? _____
Number of years? _____ If you no longer smoke, when did you quit? _____

YES NO Diabetes mellitus

YES NO Thrombosis/Embolism (Blood clots in veins or arteries)

YES NO Heart disease

YES NO Heart attack

YES NO Heart murmurs

YES NO FEMALES: are you now or have you been pregnant within the last year?

Date of delivery: _____ Date due: _____

Any difficulty with delivery? _____ If so, what kind of difficulty? _____

YES NO Shortness of breath

YES NO Respiratory diseases

YES NO Pain in left arm, jaw, or neck

YES NO Fainting or dizziness

YES NO Do you consider yourself to be under stress?

If yes, circle the amount: MILD MODERATE SEVERE

If yes, please elaborate: _____

Additional comments:

EXERCISE PATTERN

YES NO Has a health professional ever recommended that you restrict your activity?

If yes, please elaborate: _____

YES NO Are there any health or fitness related conditions not covered which you feel may have an effect on your successful participation in a regular exercise program? If yes, please elaborate:

YES NO Do you exercise on a regular basis?
 Describe: NONE MEDIUM MODERATE HEAVY

If yes, mark the following activities you enjoy and the frequency an duration of participation:

<u>ACTIVITY</u>	No.	<u>DAYS PER WEEK</u>	<u>DURATION</u>
Aerobics	___	M T W TH F S S	20m 30m 40m 60m
Boxing	___	M T W TH F S S	20m 30m 40m 60m
Bowling	___	M T W TH F S S	20m 30m 40m 60m
Cycling	___	M T W TH F S S	20m 30m 40m 60m
Running	___	M T W TH F S S	20m 30m 40m 60m
Walking	___	M T W TH F S S	20m 30m 40m 60m
Kickboxing	___	M T W TH F S S	20m 30m 40m 60m
Canoeing	___	M T W TH F S S	20m 30m 40m 60m
Weightlifting	___	M T W TH F S S	20m 30m 40m 60m
Yoga	___	M T W TH F S S	20m 30m 40m 60m
Swimming	___	M T W TH F S S	20m 30m 40m 60m
Tennis	___	M T W TH F S S	20m 30m 40m 60m
Golf	___	M T W TH F S S	20m 30m 40m 60m
Basketball	___	M T W TH F S S	20m 30m 40m 60m
Spinning	___	M T W TH F S S	20m 30m 40m 60m
Others:			
_____	___	M T W TH F S S	20m 30m 40m 60m
_____	___	M T W TH F S S	20m 30m 40m 60m
_____	___	M T W TH F S S	20m 30m 40m 60m
_____	___	M T W TH F S S	20m 30m 40m 60m

Additional Comments:
