



Clear \_\_\_\_\_ Not Clear \_\_\_\_\_ Doctor Cleared \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Appt. Date: \_\_\_\_\_  
 Day: M T W TH F  
 Time: \_\_\_\_\_ AM/PM With: \_\_\_\_\_

### 311 Fitness Center HEALTH HISTORY QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Best time to call is: am/pm at home/work (circle one) Birth date (m/d/y): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \* \* \* \* \*

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

\* \* \* \* \*

- 1) Check all that apply to you:  
 \_\_\_ Smoking: How much per day? \_\_\_\_\_ Age when started? \_\_\_\_\_  
     If you quit, how long ago? \_\_\_\_\_  
 \_\_\_ High Blood Pressure (>140/90 resting BP) Date: \_\_\_\_\_  
 \_\_\_ High Cholesterol (cholesterol >200) How high? \_\_\_\_\_ Date: \_\_\_\_\_

2) Family health history (sibling, parents, grandparents, first aunts/uncles):

	Relative	Age of Onset
Heart Attack	_____	_____
Heart Disease	_____	_____
High Blood Pressure	_____	_____
Diabetes	_____	_____
Stroke/Brain Attack	_____	_____

3) Current Weight: \_\_\_\_\_ Preferred Weight: \_\_\_\_\_ Current Height: \_\_\_\_\_

4) Have you ever had or do you have the following:

- |                                  |                             |                     |
|----------------------------------|-----------------------------|---------------------|
| ___ Asthma                       | ___ Any Heart Abnormalities | ___ Rheumatic Fever |
| ___ Lung Disease                 | ___ Heart Murmurs           | ___ Diabetes        |
| ___ Seizure Disorder             | ___ Heart Attack            | ___ Heart Surgery   |
| ___ Stroke/Brain Attack          | ___ Any Heart Condition     | ___ Cancer          |
| ___ Other: Please Explain: _____ |                             |                     |

5) Have you recently experienced any of the following:

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| ___ Chest Pain/Discomfort             | ___ Cough on Exertion              |
| ___ Chest Pain/Discomfort on Exertion | ___ Swollen Ankles                 |
| ___ Heart Palpitations                | ___ Illness                        |
| ___ Shortness of Breath               | ___ Pregnancy                      |
| ___ Dizziness or Fainting             | ___ Surgery: Please Explain: _____ |

- 6) Are you currently taking any medications either prescription or over-the-counter?  Yes  No  
If yes, please list medication(s) and purpose(s): \_\_\_\_\_  
\_\_\_\_\_
- 7) Do you have any allergies? (Please list if "yes"): \_\_\_\_\_
- 8) Date of your last physical: \_\_\_\_\_
- 9) Have you ever had an exercise stress test?  Yes  No  
If yes, when? \_\_\_\_\_ For what reason? \_\_\_\_\_
- 10) Exercise History  
A. Do you have any bone/joint conditions that might interfere with exercise?  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
- B. Have you ever been told by a doctor to avoid any types of exercise?  Yes  No  
Please explain: \_\_\_\_\_
- C. Have you exercised regularly for the last six months?  Yes  No  
What types of activities: \_\_\_\_\_
- 11) What are your exercise goals? \_\_\_\_\_  
\_\_\_\_\_
- 12) Does your spouse exercise?  Yes  No  
Does your spouse support an exercise program?  Yes  No
- 13) Are you dieting?  Yes  No Would you be interested in further nutritional information?  Yes  No  
What type of diet? \_\_\_\_\_
- 14) Are there any specific comments/concerns you would like us to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 15) How did you hear about 311 Fitness Center?  
 Friend/Co-Worker  New Employee Orientation  
Name: \_\_\_\_\_  Program/Talk—specify: \_\_\_\_\_  
 Walk In  Special Promotion--specify: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  Other--specify: \_\_\_\_\_  
 Website

*The above information is accurate, complete and represents my health history. I will notify 311 Fitness Center of any changes in my health status. I understand that any medical information provided to Advocate Fitness staff will remain strictly confidential between myself and Advocate Fitness staff. No one outside of Advocate Fitness will have access to this information.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

----- **OFFICE USE** -----

Fitness Profile Re-evaluation

\_\_\_\_\_  
Date      Member Signature      Changes      Staff Initials

