



Permanent Fat Loss Through Smart Exercise

TRAINING HEALTH HISTORY

Please answer the following questions to the best of your ability. All of your responses will be treated as privileged and confidential as described in the Health Insurance Portability and Accountability Act of 1996. If you have any physical handicaps or limitations that would require special assistance with this form please let us know.

I Personal Information

Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Phone (Home): _____ (Cell): _____

Email: _____

In case of an emergency:

Contact: _____ Relationship: _____

Phone number: _____

How did you hear about us?

Living Lean trainer (Name: _____)

Current client (Name: _____)

Facebook

Advertisement

Other: _____

Please initial that all of the above is complete and correct _____

II Medical Health History

1. Are you taking any medications? Please specify type, dosage, and reason for taking medication.

If you answer “Yes” to *any* of the next (4) questions, we MUST HAVE a doctor’s note before you may participate in our program.

2. Has your physician ever said you have heart trouble? YES NO

3. Has a doctor ever told you that you had an abnormal EKG indicating an enlarged heart? (Called left ventricular hypertrophy) YES NO

4. During the past three (3) months, approximately how many times have you experienced any pain, pressure or discomfort in your chest?

a. 0

b. 1 – 5

c. 6 – 25

d. 26+

5. Have you ever had a heart attack? YES NO

A. How many have you had? _____

B. At what age was your first heart attack? _____

C. Have you ever had bypass surgery? YES NO

If yes, how long ago? _____

D. Have you ever had angioplasty? YES NO

If yes, how long ago? _____

E. Are you in a cardiac rehabilitation program? YES NO

6. Have any of your blood relatives (father, mother, brothers or sisters) died of a heart attack before the age of 60? YES NO

Please initial that all of the above is complete and correct _____

7. Do you have a family history of any of the following? Check all that apply.

Heart disease

High blood pressure

Asthma

Diabetes

8. Hospitalization, for any reason, in the past (3) years?

YES NO

If yes, please explain: _____

9. Describe any past or current musculoskeletal conditions that you have incurred (muscle pulls, strains, sprains, fractures, surgery, pain, general tightness or discomfort)

Head/Neck: _____

Upper back: _____

Shoulders/Clavicle: _____

Lower back: _____

Arm/Elbow/Wrist: _____

Hip/Pelvis: _____

Thigh/Knee: _____

Lower leg/Ankles: _____

Please list any other medical conditions that have not been mentioned so far:

Please initial that all of the above is complete and correct _____

III General Medical and Health

1. Have you participated in an exercise program before? YES NO

When and for how long? _____

2. Is there any other reason, not mentioned above, why you would be limited or unable to participate in physical activity? YES NO

If yes, please explain: _____

Please initial that all of the above is complete and correct _____

The undersigned verifies that all of the completed information is correct to the best of his/her knowledge. The undersigned understands that he/she may need to consult his/her physician before starting any exercise program and he/she will make any necessary arrangements to obtain a medical clearance to exercise.

Printed Name
Date

Signature