Sherry Velthouse, LLC

-The Fitness Motivator-

Phone: (616) 403-6961 **E-mail:** info@westmichiganfitness.com

Health and Activity Questionnaire

Personal History:

	Yes	No
Are you a new client?	☐	☐

Last Name | First Name | Age | Birth Date

Address: Street

City, State, Zip

( ) - ( ) - ( ) -

Home Phone | Cell Phone | Work Phone

E-mail Address

( ) -

Personal Physician | Phone Number

( ) -

In case of emergency | Phone Number

Understanding Your Health and Activity History

This form has been designed to identify adults for whom physical activity might be inappropriate at this time. It is not a substitute for a thorough physical examination, assessment and diagnosis by your physician. Sherry Velthouse, LLC strongly recommends that each member undergo a medical examination prior to beginning any exercise program. All information on this form will be held confidential. Please answer each question accordingly:

General History:

	Yes	No
• ***Are you over age 65 and not accustomed to vigorous exercise?***	☐	☐
• Are you accustomed to regular exercise (3 xs per week or more)?	☐	☐
• Have you had major surgery or have you been hospitalized within the last year?	☐	☐
• **Women's Health:** Are you currently pregnant or have you given birth in the last 8 weeks?	☐	☐
• Do you have a history of the following conditions:		
-Diabetes	☐	☐
-Kidney disorder	☐	☐
-Liver disorder	☐	☐
-Thyroid disorder	☐	☐

Cardiovascular History:

	Yes	No
• ***Has your doctor ever said you have heart trouble?***	☐	☐
• Do you have a pacemaker?	☐	☐
• Have you ever had a stroke?	☐	☐
• ***Do you ever suffer from pains in your chest?***	☐	☐
• ***Do you often feel faint or have spells of severe dizziness?***	☐	☐
• ***Has your doctor ever said your blood pressure was high?***	☐	☐
• Do you smoke?	☐	☐
• Have you ever had a resting electrocardiogram (ECG or EKG)?	☐	☐
-**If yes**, were the results normal?	☐	☐
• Do you have a family history of heart disease, including heart attack, stroke, or hypertension? Relation:_____ Age:_____	☐	☐
• Do you have a history of high cholesterol?	☐	☐

Pulmonary History:

	Yes	No
• Do you suffer from pulmonary disease such as asthma or emphysema?	☐	☐

Medication History:

	Yes	No
• Do you currently take any medications or supplements?	☐	☐

If yes:

Medication/ Supplement	Condition
_____	_____
_____	_____
_____	_____

Musculoskeletal History:

	Yes	No
• ***Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?***	☐	☐
Please specify:_____		
• Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)?	☐	☐
Please specify:_____		
• Are you currently receiving physical therapy treatment?	☐	☐
Please specify:_____		

Other Medical History:

	Yes	No
• ***Is there good physical reason not mentioned here why you should not participate in any activity or program if you wanted to?***	☐	☐
Please specify:_____		

*If a person answers yes to any italicized question, vigorous exercise or exercise testing should be postponed and medical clearance sought.

I understand the nature and purpose of the Health and Activity Questionnaire and I am aware that any strenuous physical activity involves risks. Accordingly, I release, discharge, and hold harmless Sherry Velthouse, LLC from any and all liability arising out of any accident, injury or loss sustained by me as a result of engaged activities, except for accidents, injuries or losses sustained as a result of gross negligence and willful misconduct by Sherry Velthouse, LLC.

I declare to the best of my knowledge my answers are true, correct and complete.

_____
Printed Name of **Participant**

_____ _____
Signature of **Participant** Date

_____
Printed Name of **Reviewer**

_____ _____
Signature of **Reviewer** Date