

LifeCenter Health History Questionnaire

Please complete this and bring with you to your initial fitness assessment at the LifeCenter.

Personal Information

Name _____

Date of Birth _____ Age _____

Phone # _____

Gender Male Female

AtlantiCare Healthy Weight Program

Employee Spouse

Current Height _____

Current Weight _____

Section #1 (check all that apply)

- Physician currently restricting activity
- Congenital heart disease
- Heart failure
- Heart disease
- Heart attack
- Palpitations or fast heart rate
- Heart murmur
- Pacemaker or IACD
- Coronary Angioplasty (PTCA)
- Cardiac catheterization
- Bypass or other cardiac surgery
- Currently taking medication for heart
- Experience light headedness or fainting
- Shortness of breath
- Currently pregnant
- History of cancer or lymphedema
- History of stroke
- Diagnosed with diabetes

Physician Information

Name _____

Address _____

Phone # _____

Section #2 (Check all that apply)

- Premature menopause with HRT
- Hysterectomy prior to menopause
- Diagnosed hypertension (above 140/90)
- Don't know resting blood pressure
- Currently taking blood pressure medication
- Diagnosed high cholesterol (Above 240 mg/dl)
- Don't know cholesterol
- Current Smoker

Medications

Please list any medication you are currently taking

Office use only

Join date _____

FA date _____

FA Time _____

waived _____

Trainer: _____

GSR: _____