



# Personal Training Health History Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_

Telephone Numbers: Business \_\_\_\_\_ Home \_\_\_\_\_

In Case of Emergency, Contact \_\_\_\_\_ Phone \_\_\_\_\_

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

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

The Health History Form is designed to help identify individuals for whom physical activity might be inappropriate at the present time. It is not intended to substitute for a complete physical examination and assessment by a physician. It is recommended that each client undergo a medical examination prior to the initiation of an exercise program. With this understanding, please answer the following questions accordingly.

## General History

1. Do you currently have an illness or infection?  Yes  No If yes, explain \_\_\_\_\_

2. Have you been hospitalized or had major surgery within the last year?  Yes  No If yes, explain \_\_\_\_\_

3. Are you pregnant or have you given birth within the last two months?  Yes  No

4. Do you have a history of the following conditions? Check all that apply.

- Diabetes       Liver Disorders       Asthma       Emphysema       Smoking
- High Blood Cholesterol       Arteriosclerosis       Irregular Heart Beat       Bronchitis
- Thyroid Disorder       High Blood Pressure       Kidney Disorders       Heart Attack
- Family History of Heart Disease

5. Do you have any other medical condition not previously mentioned?  Yes  No If yes, explain \_\_\_\_\_

6. Do you have a history of the following injuries or orthopedic problems?

- Back  Neck  Shoulder  Elbow  Wrist  Hand/Fingers  Hip  Knee  Ankle  Foot/Toes
- Pain, where? \_\_\_\_\_
- Tendinitis  Bursitis  Arthritis  Knee Problems

7. Are you currently seeing any type of physical therapist?  Yes  No If yes, explain \_\_\_\_\_

8. Are you currently taking any medication?  Yes  No If yes, explain \_\_\_\_\_

9. Are you presently involved in an exercise program?  Yes  No If yes, please specify activity, frequency, and duration

10. In order to design a program you enjoy, please select from the following list of activities and equipment of particular interest:

Body Building     Cardiovascular Activities     Strength Training     Flexibility     General Fitness Training

Weight Loss     Weight Gain     Other \_\_\_\_\_

Free Weights     Strength Machines     Stairmaster     Exercise Bike     Outdoor Bike     Treadmill

Walking Outdoors     Running Outdoors     Cross Country Skiing Machine     Other \_\_\_\_\_

I acknowledge, to the best of my ability, that I have answered the above questions completely and honestly, and reaffirm that I have no known medical problems that would restrict my ability to fully participate in this exercise program. I also understand that any physical activity involves risk. Therefore, I do hereby waive, release, and forever discharge the trainer from any or all responsibilities or liability from injuries or damages occurring as a result of my participation in any activities or use of equipment of machinery used or recommended by Ishman BodyCare Center staff or owners.

Signature of Trainee \_\_\_\_\_ Date \_\_\_\_\_

### Ishman BodyCare Center & Institute

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