



### Health History Questionnaire

Name of Main Member \_\_\_\_\_ Birth Date \_\_\_\_\_

Street address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Cell phone \_\_\_\_\_ Office phone \_\_\_\_\_

Physician's name \_\_\_\_\_ Physician's phone \_\_\_\_\_

Main Member Signature \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_

Many health benefits are associated with regular exercise and the completion of this questionnaire is a sensible first step before undertaking an exercise program. Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question.

	MAIN MEMBER		SPOUSE	
	YES	NO	YES	NO
Has your doctor ever said that you have heart trouble?	___	___	___	___
Do you frequently have pains in your heart or chest?	___	___	___	___
Do you often feel faint or have spells of severe dizziness?	___	___	___	___
Has your doctor ever said that your blood pressure is too high?	___	___	___	___
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 by exercise?	___	___	___	___
Is there a good physical reason not mentioned here why you should not follow an active program even if you wanted to?	___	___	___	___
Are you over age 65 and not accustomed to vigorous exercise?	___	___	___	___

If you answered yes to one or more of these questions, consult your physician before increasing your physical activity.

What activity/activities do you plan to do most at the club?

\_\_\_\_\_  
\_\_\_\_\_