

## *Health History Questionnaire*

Please answer the following questions to the best of your knowledge. For each question, please circle the most accurate choice, unless otherwise indicated. All of your responses will be held completely confidential. By your affixed signature, you grant the use of this information for the purpose of being placed in a risk stratification category by a qualified Exercise Physiologist. If you require assistance of any kind to complete this questionnaire, please let WellStar Health Place know.

**Name:** \_\_\_\_\_ **Ht:** \_\_\_\_\_ **Wt:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Personal Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

1. Have you ever had a diagnosed heart attack or suspected heart attack or stroke?.....Yes No  
(explain) \_\_\_\_\_
2. Have you ever had bypass surgery or any other type of heart surgery?.....Yes No  
(explain) \_\_\_\_\_
3. Have you ever been diagnosed with any other cardiovascular or pulmonary (lung) disease, for example, asthma or chronic bronchitis (**other than allergies**)?.....Yes No
4. Have you ever had a history of diabetes, thyroid, kidney, or liver disease?.....Yes No  
(please **circle** which one)
5. Have you ever been informed that you had an abnormal resting or exercise (treadmill) electrocardiogram (EKG)?.....Yes No  
(explain) \_\_\_\_\_

Additional Comments: \_\_\_\_\_

6. Are you currently experiencing any of the following:
- a. pain/discomfort in the chest or surrounding areas that occurs when you engage in physical activity?.....Yes No
  - b. shortness of breath.....Yes No
  - c. unexplained dizziness or fainting.....Yes No
  - d. swelling of the ankles (recurrent unrelated to injury).....Yes No
  - e. heart palpitations (irregularity or racing of the heart on more than one occasion).....Yes No
  - f. pain in the legs that causes you to stop walking (claudication).....Yes No
  - g. diagnosed heart murmur .....Yes No
7. Are you currently pregnant or is it likely that you could be pregnant at this time.....Yes No  
If yes, when is your expected due date? \_\_\_\_\_
8. Have you had surgery or been diagnosed with any disease in the past **3 months**?.....Yes No  
If yes, please list date \_\_\_\_\_ and surgery/disease \_\_\_\_\_

9. Have you been diagnosed with high cholesterol or abnormal lipids within the past year or are you taking cholesterol lowering medication? .....Yes No
10. Do you currently smoke cigarettes or have quit within the past 6 months?.....Yes No
11. Has your father or brother(s) been diagnosed with heart disease prior to age 55  
**OR** mother or sister(s) been diagnosed with heart disease prior to age 65?.....Yes No
12. Within the last 12 months, has a health professional told you that you have high blood pressure **OR** have you taken medicines to control blood pressure?.....Yes No
13. Have you been told by a health care professional that you have a fasting blood glucose  $\geq 110$  mg/dl?.....Yes No
14. Describe your regular physical activity or exercise program:
- type: \_\_\_\_\_
  - frequency: \_\_\_\_\_ days per week
  - intensity: *low moderate high* **(circle one)**

15. Do you have problems with bones, joints, or muscles that may be aggravated with exercise?.....Yes No  
If yes, please describe: \_\_\_\_\_
16. Do you have any back/neck problems?.....Yes No  
If yes, please describe: \_\_\_\_\_

Please list any prescriptions/over-the-counter medications you are taking and the reason for taking:

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*"I have answered the above accurately and completely. I understand that my medical history is an important factor in the development of my fitness program and that certain medical/physical conditions which are known to me, but which I do not disclose to WellStar Health Place may result in serious injury to me. If any of the above conditions change, I will immediately inform WellStar Health Place. I, knowingly and willingly, assume all risk of injury resulting from my failure to disclose accurate, complete, and updated information in accordance with the above questionnaire."*

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WellStar Health Place Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Use by WellStar Health Place ONLY:**

Check the identified ACSM major coronary risk factors below:

- |   |   |
|---|---|
| <input type="checkbox"/> Lipids (TCH $\geq$ 200 OR HDL $<$ 35)    | <input type="checkbox"/> BMI $\geq$ 30 (calculation = ___)        |
| <input type="checkbox"/> Cigarette smoking                        | <input type="checkbox"/> Signs/Symptoms of Cardiovascular disease |
| <input type="checkbox"/> Family history                           | <input type="checkbox"/> Metabolic Disease                        |
| <input type="checkbox"/> High blood pressure/Blood pressure meds. | <input type="checkbox"/> Respiratory Disease                      |
| <input type="checkbox"/> Diabetes/glucose $\geq$ 110 mg/dl        | <input type="checkbox"/> Cardiovascular Disease                   |
| <input type="checkbox"/> Sedentary                                | <input type="checkbox"/> Pregnancy                                |

***Risk Stratification***

- Apparently Healthy
- Apparently Healthy  
Male  $\geq$  45; Female  $\geq$  55
- High Risk, No Signs or Symptoms
- High Risk, with Signs and Symptoms
- Known Disease
- Pregnancy

***Factors***

- One or No Risk Factors  
(No medical clearance required)
- One or No Risk Factors  
(Initial medical clearance required)
- Two or More Risk Factors  
(Medical clearance required)
- One or More Signs/Symptoms  
With or Without Risks  
(Medical clearance required)
- Diagnosed Cardiopulmonary/Metabolic  
Disease (Medical clearance required)
- Medical Clearance Required

Additional Comments: \_\_\_\_\_

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