



Corrective Exercise Specialists Medical History Questionnaire

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____

Email _____ Method of Contact _____

Sex:

Male Female Date of Birth: _____

Family Physician and/or Primary Health Care Provider:

Doctor/Other _____ Phone _____

Address _____

City _____ State _____ Zip _____

Occupation:

Position _____ Employer _____

Address _____

City _____ State _____ Zip _____

What is your purpose (goals) for participating in a fitness program?

To determine my current level of physical fitness and to receive recommendations for an exercise program

Other

Present Medical History

Check those questions to which your answer is yes:

- Has a doctor ever told you that your blood pressure was too high
- Do you ever experience chest pain
- Do you often have difficulty breathing

Comments:

Do you now have or have recently experienced:

- Increased depression or anxiety
- Problems with recurrent fatigue, trouble sleeping, or irritability
- Migraine or recurrent headaches
- Swollen, stiff or painful joints
- Foot problems
- Back problems
- Shoulder problems
- Stomach or Intestinal problems

Comments:

List any prescription medications you are now taking:

List any self-prescribed medications or dietary supplements you are now taking:

Past Medical History

Date of last physical exam: _____

List any other medical or diagnostic test you have had in the past two years:

List hospitalizations or previous surgeries, including dates of and reasons:

Check those questions to which you answer yes:

- Heart Attack, if so how long ago
- Heart Murmur
- Arthritis
- Diabetes
- Nervous or Emotional Problems
- Thyroid Problems
- Bronchitis
- Asthma
- Injuries to back, legs, arms and joints
- Broken Bones

Comments:

Familial Diseases

Have you or your blood relatives had any of the following:
Check those to which you would answer yes:

- Heart Attacks
- High Blood Pressure
- Elevated Cholesterol
- Diabetes
- Asthma
- Allergies
- Obesity (20 lbs or more)
- Cancer under age 60

Comments:

Nutrition

What do you consider a good weight for yourself _____

What is the most you have ever weighed _____

How old were you _____

My current weight is _____

One year ago my weight was _____

My weight at age 21 _____

Number of meals you usually eat per day _____

Number of alcoholic drinks per week _____

How much water do you drink during the average day _____

Write down what you typically eat or drink in an average 24 hour day.

Breakfast:

Mid-Morning:

Lunch:

Cocktails:

Dinner:

After Dinner:

Exercise Profile

Are you currently involved in an exercise program?

Yes No

Do you regularly walk or run?

Yes No

Do you regularly perform resistance training?

Yes No

Do you frequently participate in other activities?

Yes No

If yes, please tell us what sports and how many times per month;

How many minutes per week do you spend exercising: _____

Indicate the main reason you exercise: _____

Participation in any tests and this program is voluntary. You are free to deny consent or withdraw consent at any time after consenting. However, it is important that you promptly report any unusual feelings and/or other information that can assist the testing staff with any difficulties you perceive or are experiencing. It is your responsibility to fully disclose such information as relegated by your feelings and as requested by questionnaire or staff.

I, the undersigned, being aware of my own health and physical condition and having knowledge that my participation in the program and fitness testing procedures may be injurious to my health, am voluntarily participating in the CES assessment and fitness program

Having such knowledge, I hereby release Corrective Exercise Specialists, L.L.P., its partners, representatives, agents, employees and successors from liability for accidental injury or illness which I may incur as a result of participating in the CES fitness program and in the testing and/or screening procedure. I hereby assume all risks connected therewith and consent to participate in the CES program and assessment.

Signature _____

Date _____