



**Personally Fit**  
FITNESS & PHYSICAL THERAPY

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## Health History

This Health History form is for informational purposes only. It will not be verified or investigated. Personally Fit, Inc. employees, personal trainers and contractors are not medical doctors and cannot diagnose injury, illness or disease. Except in an emergency, this information will be kept confidential. Individuals participating in an exercise program should use caution and obtain medical clearance from a physician prior to starting a plan.

Today's Date / /

Member's Name \_\_\_\_\_ Date of Birth / /

Age \_\_\_\_\_  Male  Female Height \_\_\_\_\_ ft. \_\_\_\_\_ in.

Weight \_\_\_\_\_ Body Fat \_\_\_\_\_ % Body Mass Index (BMI) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Date of Last Physical Exam \_\_\_\_\_

Is your physician aware you are participating in an exercise program?  Yes  No

Are you under any current medical restrictions?  Yes  No

If yes, please provide a brief description \_\_\_\_\_

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

Please list any current medications you are taking \_\_\_\_\_

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

Describe your present activity level \_\_\_\_\_

\_\_\_\_\_  
Purpose for joining *Personally Fit* \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Relationship** \_\_\_\_\_

(Continued on other side)

- Yes  No Do you have high blood pressure?
- Yes  No Have you ever had any heart trouble?
- Yes  No Have you ever had an abnormal EKG?
- Yes  No Have you ever had a stress EKG?  
If yes, when \_\_\_\_\_ Result \_\_\_\_\_
- Yes  No Do you have a history of breathing or lung problems?  
If yes, please describe. \_\_\_\_\_
- Yes  No Do you have increased blood cholesterol?  
If yes, what is your cholesterol level? \_\_\_\_\_  
How do you control it?  Medication  Diet
- Yes  No Do you currently smoke? If yes, for how long? \_\_\_\_\_ years
- Yes  No Did you ever smoke? If yes, for how long? \_\_\_\_\_ years  
When did you quit? \_\_\_\_\_
- Yes  No Do you ever experience dizziness?
- Yes  No Have you ever or do you currently have diabetes?
- Yes  No Have you ever had a stroke?  
If yes, when? \_\_\_\_\_  
What were the effects of the stroke? \_\_\_\_\_
- Yes  No Have you ever been, or are you currently anemic?
- Yes  No Have you had blood relatives with heart problems?
- Yes  No Have you had blood relatives with diabetes?
- Yes  No Have you had any surgeries in the past 5 years?  
If yes, please describe. \_\_\_\_\_
- Yes  No Do you have any muscle, joint, or back disorders currently affecting you?  
If yes, please describe. \_\_\_\_\_
- Yes  No Do you have any condition that might affect your ability to exercise?
- Yes  No Are you currently under a physician's care?
- Yes  No Are you presently dieting?

Is there anything else about your health that *Personally Fit* should be aware of? \_\_\_\_\_

***I agree that Personally Fit, Inc. may disclose the foregoing information to health care providers in the event of a health emergency.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Trainer's Signature \_\_\_\_\_