



Fitness That Works, Inc.
Clients Medical History Questionnaire

Please indicate with a check if the following conditions relate to you or your family

You Family

History of heart problems.

History of heart problems in your immediate family.

High blood pressure.

Difficulty with physical exercise.

A chronic illness.

Muscle, joint, or back disorder that could be aggravated by physical activity.

Recent (within a year) surgery.

History of lung problems.

History of diabetes.

Cigarette smoking habit.

If so, how many per day? How Long? _____

Obesity (>30% of ideal weight).

High blood cholesterol.

Osteoporosis

Cancer

If so, what type? _____

Do you have any problems with soft tissue **Yes No**

Do you have/had problems with any of the following joint injuries? **Please Circle.**

Neck	Shoulders	Upper Back
Lower Back	Elbows	Wrists
Hips	Ankles	Knees



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What regular physical activities do you currently engage in?

Personal Goals/Objectives

What are your goals?

What realistic commitment are you willing to make to your exercise and health? (i.e., workouts per week, relaxation time, "me" time, family time, etc.)
