



LIFESTYLE & HEALTH HISTORY QUESTIONNAIRE

Name (Last, First, MI)		
Phone	Email	
Address		
City	ST	Zip
Physician Name	Phone	
Emergency Contact Name		
Relationship	Phone	

RISK FACTORS

Have you ever been diagnosed with heart trouble or coronary disease?	Yes	No
Do you have a history of high blood pressure (above 140/90)?	Yes	No
Do you have diabetes?	Yes	No
Do you smoke cigarettes?	Yes	No
Have you ever been diagnosed with asthma, bronchitis, or any other airway disorder?	Yes	No
Do you have a history of high cholesterol?	Yes	No
Is your diet heavy in fatty foods or red meat?	Yes	No
Are you a female over the age of 50 or a male over the age of 40?	Yes	No
Have you ever experienced unexplained rapid heart rate?	Yes	No
Have you ever experienced dizziness or fainting?	Yes	No
Have you ever experienced unexplained swelling of ankles?	Yes	No
Have you ever been diagnosed with bursitis, arthritis, or any other joint, muscle, or bone condition?	Yes	No
Have you ever experienced severe calf pain with exertion?	Yes	No
Have you ever experienced shortness of breath with usual activity?	Yes	No
Are you sedentary?	Yes	No

HEALTH HISTORY

Are you presently involved in a regular exercise program?	Yes	No
Are you now or have you ever been on a diet?	Yes	No
If answered yes to the above, please explain.		
How active do you consider yourself?	Highly Lightly	Moderately Sedentary