

Elite Physiques, Inc.

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Client Health History Questionnaire

Basic Information

Date: ___/___/___

Name: _____ Age: _____ yrs. Date of birth: ___/___/___

Address: _____ City/zip _____

E-Mail: _____

Phone: (Home)(___) _____ Work:(___) _____ Cell:(___) _____

Height: _____ ft. _____ in. Weight: _____ lbs. Sex: M F

Occupation: _____ Occupational Activity: _____

Physician: _____ Phone: _____ Last Phys. Exam: ___/___/___

Emergency Contact: _____ Relationship: _____ Phone:(___) _____

How did you here about us? _____

Goals

List two short term goals (8-16 weeks). Include physical features, lifestyles, behaviors, health etc. you want to impact.

1. _____

2. _____

List two long term goals (6-24 months). Include physical features, lifestyles, behaviors, health etc. you want to impact.

1. _____

2. _____

History

Please check all that apply.

- History of heart problems in immediate family?
- Increased blood cholesterol?
- Increased blood pressure (now or in the past)?
- Diabetes (Type I or II) or thyroid condition?
- Advised from a physician not to exercise?
- History of breathing or lung problems?
- History of heart problems, chest pain or stroke?
- Pregnancy now or in the past 3 months?
- Hernia or any condition that may be aggravated by lifting weights?
- List any medications you are currently taking, including over the counter products:

- Do you smoke?
- Are you a former smoker?
- Do you have any close blood relatives (grandparents, parents, siblings, etc.) who have had premature heart attacks (men before age 55, women before age 65)?

Injuries

1. Describe any joint, bone or muscular problem that may prevent you from performing certain types of exercise: _____

2. Do you know of any conditions that would limit your ability to exercise? Yes No
If yes, please explain: _____

Lifestyle

1. Do you currently participate in a regular exercise program? Yes No

If yes, please describe by including type, frequency and duration:

Type: _____

Frequency: _____

Duration: _____

2. Are you currently dieting? Yes No

If yes, please describe: _____

3. Are there any sports or activities you

Like: _____

Dislike: _____

4. How many times per week can you exercise? _____ How many minutes per session? _____