

HEALTH STATUS

Trainer

PART I. Personal Information

Name

Date

Address

Primary Phone #

Email

Secondary Phone#

Personal Physician

Physician phone #

Date of Birth

Age

Age you feel

Date of Last Physical

To be completed by Trainer

_____ Current Weight	_____ Current Height	_____ BMI	_____ Blood Pressure	_____ Resting Heart Rate
_____ BF% BIA	_____ BF% Accu-measure	_____ BF% FatTrack II	_____ BF%	_____ Fat Mass
_____ Waist	_____ Hip	_____ Thigh	_____ Arms	_____ Calf
				_____ Chest

PART II. Medical History

Have you had any family history of chronic disease (heart disease, diabetes, etc.)? YES / NO

IF YES please list _____

Have you ever been diagnosed or treated for any chronic disease including asthma? YES / NO

If YES please list _____

Are you currently taking any medications? YES / NO

IF YES please list _____

Have you ever had your thyroid hormone levels checked? YES / NO

IF YES please elaborate _____

PART III. Health Related Behavior

Do you smoke? YES / NO IF YES how much? _____

Do you drink alcohol regularly? YES / NO IF YES how much? _____

How many times on average do you eat fast food per week?

1 2 3 4 5 6 7 8 or more

How many hours of sleep do you normally get per night?

1-2 3-4 4-5 5-6 6-7 8 or more

PART IV. Psychological

I am an impatient, time conscious, hard driving individual.

HealthandFitnessRx.com
Less 1 2 3 4 5 6 7 8 9 10 *More*

I would rate my current health.

Horrible 1 2 3 4 5 6 7 8 9 10 *Great*

I have a positive attitude towards things.

Never 1 2 3 4 5 6 7 8 9 10 *Always*

My job stresses me out.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

I am in the best shape of my life.

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

Do you have any health related goals (i.e. Lower blood pressure, etc.?) YES / NO

IF YES please list _____

I am serious about achieving my goals.

Not very 1 2 3 4 5 6 7 8 9 10 *extremely*