MCA Fitness Center

Medical History Questionnaire

Name: _____

Last First Middle Initial

Date of Birth: _____ Age: _____ Sex: M F

Weight: _____ Height: _____ Resting HR: _____

Physician: _____

Cardiologist: _____

Personal History and Risk Factors

Are you a diabetic? Yes_____ No_____

How is your diabetes controlled? Diet_____ Pills_____ Insulin_____

Do you have epilepsy? Yes_____ No_____

Do you ever lose consciousness or lose control of your balance due to chronic diseases?

Yes_____ No_____

Have you had any of the following:

Heart Attack? Yes_____ No_____ When_____

Stroke? Yes_____ No_____ When_____

Heart or Blood Vessel surgery? Yes_____ No_____ When_____

Angioplasty? Yes_____ No_____ When_____

Heart Cath? Yes_____ No_____ When_____

Do you have a heart pacemaker? Yes_____ No_____

Do you ever feel pain in your chest while engaging in physical activity? Yes_____ No_____

In the past month, have you ever had chest pain when you were not engaging in physical activity? Yes_____ No_____

Do you have high blood pressure? Yes_____ No_____ When?_____

Are you on BP Medicine? Yes_____ No_____ When?_____

Are you now or have you ever been a cigarette smoker? Yes_____ No_____

Packs per day?_____ Years smoked?_____ If you quit, when?_____

Do you have high cholesterol? Yes_____ No_____ Most recent reading?_____

Are you currently being treated for or have you ever had a bone or joint problem that restricted you from engaging in physical activity? Yes_____ No_____

Are you currently exercising less than one hour per week? Yes_____ No_____

Have you ever participated in a Cardiac Rehab Phase II program? Yes_____ No_____

Family History

Has anyone in your immediate family (parents, brothers, sisters) had a heart attack, stroke, diabetes or cardiovascular disease before the age of 55? Yes_____ No_____

Medical History

List operations, major illnesses and hospitalizations:

_____
_____
_____
_____

Allergies:

_____
_____
_____
_____

Medications (please list name and purpose):

_____
_____
_____
_____
_____
_____
_____

We believe that it is in your best interest to discuss becoming physically active with your doctor, especially if you are a man 45 years or older or a woman 55 years or older. Please choose one of the following:

_____I have/will discuss becoming physically active with my doctor.

_____I decline to discuss becoming physically active with my doctor.