Health, Nutrition, Fitness, & Strength

NEW CLIENT HEALTH QUESTIONNAIRE

Name: ________________________________ Email: ______________________________

Profession: ____________________________ Date of Birth: ________________________

Home Phone: __________________________ Mobile Phone: ________________________

Address:____

Personal Physician: ______________________

Emergency Contact Information

Name: _________________________________

Emergency Number: ______________________

Relationship: _________________________

Address: ________________________________

Medical History

Do you have a Pace Maker?	Yes	No
Do you have any medical issues with eating red meat?	Yes	No
Do you or have you taken any prescribed medications on a permanent basis?	Yes	No

Please list each medication and the reason for its usage.

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Are you allergic to any medications (aspirin, penicillin, etc) or food?	Yes	No
Do you take non-Steroidal anti -inflammatory drugs (ibuprofen, Advil, Tylenol)	Yes	No

Please explain the reason for its use and how long.

Do you have diabetes; Adult or Juvenile?	Yes	No

Have you ever had or currently have any of the following conditions? Check all that apply.

Heart Disease	Yes	No
Hypertension	Yes	No
Hypotension	Yes	No
Pancreatic Disease	Yes	No
Liver Disease	Yes	No
Headaches	Yes	No
Irritable Bowel Syndrome	Yes	No

Please list any other health issues that you have experienced ________________________________

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How would you rate your overall health? Poor Fair Good Excellent

Overall, how do you **feel**? Poor Fair Good Excellent

Have you ever been on a diet? If yes, which ones and what was the result?

On a scale of 1-10, how committed are you to making changes to your food intake?

1 2 3 4 5 6 7 8 9 10

On average, how many meals do you consume per day?

2 3 4 5

Do you experience bloating after a meal? Yes No

Do you currently use vitamins? Why or why not?

Use the following to draw a graph representing your energy level throughout the day.

6 pm

noon

7 am

a little moderate alot

How many times per week do you exercise and how vigorously?

FITness profile:

What are your fitness goals?

How often do your currently exercise?

What is your current exercise regimen?

What other activities do you currently engage in? Briefly describe these.

Please check from the list below of what is most important to you to achieve in our sessions together.

- ○ Feel healthier
- ○ Reduce Body Fat
- ○ Increase Energy levels
- ○ Improve Strength
- ○ Improve Muscle Mass
- ○ Improve Flexibility
- ○ Improve Muscle Tone