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**by Personal Strength & Training, Inc.**

health medical questionnaire page 1

name \_\_\_\_\_ date \_\_\_\_\_

address: \_\_\_\_\_

\_\_\_\_\_

phone (day)-\_\_\_\_\_ (evening)-\_\_\_\_\_

sex \_\_\_\_\_ height \_\_\_\_\_ weight \_\_\_\_\_ date of birth \_\_\_\_\_ age \_\_\_\_\_

occupation \_\_\_\_\_

Do you have your physician's consent to participate in an exercise program \_\_\_\_\_

Were you referred? \_\_\_\_\_ if yes, by whom? \_\_\_\_\_

Are you currently taking any prescriptions or medications-\_\_\_\_\_ - -

please list-\_\_\_\_\_

**Medical History**

Have you had or do you have any of the following:

- |  |  |                       |
|--|--|-----------------------|
| ___-heart attack                                 | ___-abnormal blood lipids/<br>cholesterol        | ___-anemia            |
| ___-coronary angioplasty                         | ___-lightheadedness or<br>fainting with exercise | ___-asthma            |
| ___-cardiac surgery                              | ___-heart murmur                                 | ___-family history    |
| ___-chest discomfort during or<br>after exercise | ___-rapid heart beats or<br>palpitations         | ___-thyroid condition |
| ___-high/low blood pressure                      | ___-diabetes                                     | ___-cancer            |
| ___-shortness of breath with<br>exercise         |  | ___-other _____       |



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health medical questionnaire page 2

Do you have any orthopedic or musculoskeletal concerns?

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Are there any other comments you would like to give concerning your health?

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**lifestyle and nutrition**

Do you currently smoke \_\_\_\_\_ (how often) \_\_\_\_\_ Did you used to smoke \_\_\_\_\_

Do you use alcohol \_\_\_\_\_ (if yes, how much and how often) \_\_\_\_\_

Do you drink coffee or soda with caffeine \_\_\_\_\_ (if yes, how much & how often) \_\_\_\_\_

Are you presently on a diet \_\_\_\_\_

Do you consider yourself \_\_\_ overweight \_\_\_ about right \_\_\_ underweight

How many meals a day do you usually eat \_\_\_\_\_

How would you describe your nutritional habits good fair poor

How would you describe your knowledge of nutrition good fair poor

Is your job active or sedentary \_\_\_\_\_ Do you experience a lot of stress in your life \_\_\_\_\_

Describe your knowledge of exercise and fitness good fair poor

How physically fit do you think you are \_\_\_\_\_