

Health History Form

Please complete the following questionnaire about your past and present state of health: (all information is confidential)

Name:	
Address:	
DOB:	Telephone:
Email:	
How did you hear about Happy Body Fitness?	
Facebook:	
Instagram:	
Poster:	
Other:	
Please state:	

Do you have or have you suffered from any of the following, place a Y or N in each box. Please outline under the condition or in full on the reverse of the form.

- 1) Physical Disability? ()
- 2) Hypertension or raised blood pressure? ()
- 3) Conditions associated with heart disease? ()
- 4) Do you have an irregular heartbeat? ()
- 5) Family history of coronary heart trouble? ()
- 6) Epilepsy or respiratory trouble? ()
- 7) Diabetes? ()
- 8) Back Trouble? ()
- 9) Arthritis or stiffness of the joints? ()
- 10) Past injuries? Detail on reverse ()
- 11) Have you had any joint replacements? Detail on reverse ()
- 12) Have you had surgery in the past year? ()
- 13) Are you taking any medication that might affect you during exercise? ()
- 14) Do you suffer from dizziness – in what way? ()
- 15) Are you planning to be or have you recently been pregnant? ()

- 16) Do you suffer from stress - in what way? ()
- 17) Do you have any other medical conditions or past illness not previously mentioned? ()
- 18) Do you smoke? ()
- 19) How much exercise do you currently undertake ()
- A lot : 5-7 times per week ()
 - Often: 3--4 times per week ()
 - Moderate: 1-2 times per week ()
 - None at the moment ()

20) Please state what kind of exercise do you undertake? I.e Walking/Cycling, Resistance training or sport specific (football):

I confirm that I/have not sought advice from my G.P/ Physiotherapist before commencing this exercise programme and have revealed to the best of my knowledge anything which may affect me as a result of exercise. If I choose not to consult my G.P, I do so at my own risk.

Signed: _____ Date: _____

Please note: All information is kept strictly confidential and purely for the knowledge of the instructor. Information will not be passed on to third parties.

Any other notes: