belly bootcamp client health history

name: _____ date: _____

age: _____ sex: ☐ M ☐ F gestational age/baby's age: _____

emergency contact: _____ phone: _____

does your physician know you are participating in this exercise program? _____

are you taking any medications or drugs? If so, please list medication, dose & reason.

_____

are you currently exercising? What/when? If not, when did you last exercise regularly?

_____

do you now, or have you had in the past:	yes	no
• history of heart problems, chest pain or stroke	☐	☐
• increased blood pressure	☐	☐
• any chronic illness or condition	☐	☐
• advice from physician not to exercise	☐	☐
• recent surgery (last 12 months)	☐	☐
• recent injury or muscle/joint disorder	☐	☐
• pregnancy (now or within last 3 months)	☐	☐
• history of breathing or lung problems	☐	☐
• diabetes or thyroid condition	☐	☐
• cigarette smoking habit	☐	☐
• obesity (more than 20% over ideal body weight)	☐	☐
• increased blood cholesterol	☐	☐
• history of heart problems in immediate family	☐	☐
• hernia, or any condition aggravated by lifting weight	☐	☐

comments regarding above: _____

_____