



Dan Dal Colletto & Trainers



Personal Health History

Name: _____ Date _____ Trainer: _____

Address: _____ City _____ Zip: _____

Sex: _____ Date of Birth _____

Phone: Work _____ Phone: Home _____

Cell including area code: _____

E-Mail: _____

Emergency Contact _____ Phone: _____

Date of last physical exam _____ Physician _____

Has your doctor ever restricted your physical activity? _____

If so, please explain _____

Do you have any allergies? (Including medications) If so, please list _____

Have you been hospitalized in the last three years? Include any outpatient surgeries.

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Have you ever had any chronic health conditions or serious injuries? If yes, please describe _____

Are you presently taking any medications? Please list type and purpose: _____

Have you ever experienced chest pain or tightness? If so explain _____

Have you ever experienced shortness of breath during physical activity with others your age? If so please explain _____

Have you ever experienced dizziness during vigorous physical activity? _____

Please check any that apply and state age of onset:

Condition	You	Mother	Father	Grandparents
High BP				
H i g h cholesterol				
Diabetes				
Heart Disease				
By-pass				

Do you presently smoke cigarettes? _____ Have you ever smoked cigarettes? _____
Have you ever attempted to quit? _____

What is your current weight? _____ *1 yr.* _____ *5 years ago* _____ *At age 20* _____

How tall are you? _____

Are you currently on a diet? _____ If yes, please describe: _____

Injuries: _____

Please check any of the following injuries you have had and specify which bone, muscle, joint, etc... and in which year it occurred.

Injury or preexisting condition	Year it Occurred	Specifics/Description
Broken Bones		
Muscle Strain/Sprain		
Ligament, Tendon or cartilage injury		
Joint injury or chronic pain		
Back Injury		

Neck injury		
Lower Back Pain		
Other, please specify		

Are you **currently** being treated for any injuries or health conditions: _____

If yes, please describe treatment:

Lifestyle

How would you describe your current stress level? _____

Does your job require you to travel? _____ How often? _____

How do you enjoy spending your leisure time? _____

Do you enjoy cooking? _____ If so, what dishes or kinds of food do you enjoy preparing

Do you consider your diet a well-balanced one? _____

What was your reason for calling Dan Dal Colletto & Trainers? _____

How physically fit do you feel at the present time:

Unfit Below Average Average Above Average Very Fit

Have you ever had a trainer or an exercise program? If so, please explain _____

Describe your current activity program: _____

How many days per-week do you want to exercise? _____ Do you have equipment at home? _____ If yes, please specify _____

Do you feel that there are any activities, which would not interest you or might cause you discomfort or pain? If yes, please specify. _____

What times are you requesting to train with your trainer? Mornings _____ Afternoons _____ Evenings _____

Are you available to train on weekends? _____

What goals do you have concerning your fitness and health? _____

Please tell us where you heard about us? Website/Newspaper/Other _____