

General Health Profile

To help further assess the safety of exercise for you, complete as much of this health profile as possible.

General Information

Age: _____ Total cholesterol: _____ Blood pressure: _____/_____
Height: _____ HDL: _____ Triglycerides: _____
Weight: _____ LDL: _____ Blood glucose level: _____

Are you currently trying to _____ gain or _____ lose weight? (check one if appropriate)

Medical Conditions/Treatments

Check any of the following that apply to you and add any other conditions that might affect your ability to exercise safely.

_____ heart disease _____ depression, anxiety, or other _____ other injury to joint problem: _____
_____ lung disease _____ psychological disorder _____ substance abuse problem
_____ diabetes _____ eating disorder _____ other: _____
_____ allergies _____ back pain _____ other: _____
_____ asthma _____ arthritis _____ other: _____

_____ Do you have a family history of cardiovascular disease (CVD) (a parent, sibling, or child who had a heart attack or stroke before age 55 for men or 65 for women)?

List any medications or supplements you are taking or any medical treatments you are undergoing. Include the name of the substance or treatment and its purpose. Include both prescription and over-the-counter drugs and supplements.

Lifestyle Information

Check any of the following that is true for you, and fill in the requested information.

_____ I usually eat high-fat foods (fatty meats, cheese, fried foods, butter, full-fat dairy products) every day.

_____ I consume fewer than 5 servings of fruits and vegetables on most days.

_____ I smoke cigarettes or use other tobacco products. If true, describe your use of tobacco (type and frequency): _____

_____ I regularly drink alcohol. If true, describe your typical weekly consumption pattern: _____

_____ I often feel as if I need more sleep. (I need about _____ hours per day; I get about _____ hours per day)

_____ I feel as though stress has adversely affected my level of wellness during the past year.

Describe your current activity pattern. What types of moderate physical activity do you engage in on a daily basis? Are you involved in a formal exercise program, or do you regularly participate in sports or recreational activities?
