

# THE NATATORIUM

## HEALTH AND FITNESS CENTER

### CUYAHOGA FALLS

#### HEALTH STATUS QUESTIONNAIRE

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_/\_\_\_/\_\_\_  
(PLEASE PRINT)

GENDER ( ) MALE ( ) FEMALE AGE: \_\_\_\_\_ BIRTH DATE \_\_\_/\_\_\_/\_\_\_

MEMBERSHIP STATUS: MEMBER \_\_\_\_\_ NON MEMBER \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

DATE OF LAST CONSULTATION WITH A PHYSICIAN \_\_\_\_\_

CONTACT PERSON IN EMERGENCY \_\_\_\_\_

HAS A DOCTOR EVER ADVISED YOU NOT TO EXERCISE? YES NO

HAVE YOU EVER BEEN DIAGNOSED WITH HIGH BLOOD PRESSURE? (PRESSURE OVER 140/90) YES NO

WAS IT TREATED? IF SO HOW \_\_\_\_\_

DO YOU HAVE ANY HISTORY OF HEART RELATED TROUBLE? YES NO

WHEN/WHAT DIAGNOSIS \_\_\_\_\_

WHAT TREATMENT \_\_\_\_\_

HAS ANY MEMBER OF YOUR IMMEDIATE FAMILY EVER BEEN DIAGNOSED?  
WITH ANY TYPE OF HEART DISEASE BEFORE THE AGE OF 50? YES NO

IF YES, WHEN/WHAT TYPE OF TREATMENT? \_\_\_\_\_

HAVE YOU OR ANYONE IN YOUR IMMEDIATE FAMILY BEEN DIAGNOSED WITH DIABETES?  
YES NO

IF YES, WHEN/WHAT TYPE OF TREATMENT? \_\_\_\_\_

HAVE YOU EVER RECEIVED A TOTAL CHOLESTEROL NUMBER ABOVE 225? YES NO

IF YES, HOW WAS IT TREATED? \_\_\_\_\_

DO YOU HAVE ANY CONDITIONS THAT REQUIRE MEDICAL CARE? YES NO

IF YES, EXPLAIN \_\_\_\_\_

ARE YOU CURRENTLY TAKING ANY MEDICATIONS OR SUPPLEMENTS? YES NO

IF SO, PLEASE LIST MEDS AND REASONS FOR TAKING THEM \_\_\_\_\_

DO YOU CURRENTLY USE ANY TOBACCO PRODUCTS REGULARLY? YES NO

HOW MUCH? \_\_\_\_\_ IS QUITTING AN INTEREST? \_\_\_\_\_

HAVE YOU EVER EXPERIENCED DIZZINESS, CHEST PAIN OR SHORTNESS OF BREATH?  
YES NO

IF YES, DID THIS OCCUR WHILE EXERCISING AND HOW WAS IT TREATED?

