PARKER FITNESS

TRAINING & NUTRITION

Peter Parker, Certified Personal Trainer // 207-576-0752 // www.**parkerfit**.com

MEDICAL HISTORY

YOUR NAME DATE

History, Symptoms & Other Health Issues

Check any statements that apply to your health history.

- ☐ I have had a heart attack.
- ☐ I have had heart failure.
- ☐ I have had heart valve disease.
- ☐ I have had heart surgery.
- ☐ I have had a heart transplant.
- ☐ I have had a pacemaker/ implantable cardiac defibrillator, or rhythm disturbance.
- ☐ I have had cardiac catherization.
- ☐ I have had coronary angioplasty (PTCA).

Check any symptoms you have been experiencing.

- ☐ I experience chest discomfort with exertion.
- ☐ I experience unreasonable breathlessness.
- ☐ I experience dizziness, fainting or blackouts.

Check any other health issues that apply to you.

- ☐ I have diabetes.
- ☐ I have asthma or another lung disease.
- ☐ I have concerns about the safety of exercise.
- ☐ I am pregnant.
- ☐ I take prescription medications.
- ☐ I take heart medications.
- ☐ I have musculoskeletal problems that limit my physical activity.
- ☐ I experience a burning or cramping sensation in my lower legs when I walk short distances.

*If you marked **any** of the statements in this section, consult your physician or appropriate healthcare provider before engaging in exercise. You may need to use a facility with a medically qualified staff.*

Cardiovascular Risk Factors

Check any statements that apply to you.

- ☐ I am a man over 45 years of age.
- ☐ I am a woman over 55 years of age, have had a hysterectomy, or am premenopausal.
- ☐ I am physically inactive (i.e.: less than 30 minutes of physical activity at least three days per week)
- ☐ I am more than 20 pounds overweight.
- ☐ My blood cholesterol level is greater than 200 mg/dl.
- ☐ I do not know my cholesterol level.
- ☐ I smoke or have quit smoking within the last six months.
- ☐ My blood pressure is greater than 140/90 mmHg.
- ☐ I do not know my blood pressure.
- ☐ I have a father or brother close blood relative who had a heart attack or heart surgery before age 55 (father or brother), or before age 65 (mother or sister).

*If you marked **two or more** statements in this section, you should consult your physician or appropriate healthcare provider before engaging in exercise. You might benefit from using a facility with a professionally qualified staff to guide your exercise program.*