



Holistic Health, LLC
Fit Living Empowered

HEALTH STATUS QUESTIONNAIRE & GOALS

Part I. Personal Information

Date _____

Name _____

Best Number to Reach You _____

Alternate Number _____

Address _____

City _____ Zip _____

Email _____

Age _____ Date of Birth: ____/____/____

Emergency Contact _____

Phone Number _____

Part II. Medical History

1. Family History: List of any immediate blood relative who has had cancer, heart attack, or diabetes (Ex: father, mother, sister, brother, son, daughter) _____

2. Date of last medical physical exam _____

3. Your Health History: Mark an X next to any of the following for which you have been diagnosed or treated:

- | | | | | |
|---------------------|-----------------|------------------|----------------------|----------------|
| Alcoholism | Anemia | Asthma | Back strain | Bleeding trait |
| Bronchitis, chronic | Cancer | Cirrhosis, liver | Concussion | Obesity |
| Congenital defect | Diabetes | Emphysema | Eye problems | Gout |
| Hearing loss | Heart problem | | High blood pressure | |
| Hypoglycemia | Hyperlipidemia | | Kidney problem | |
| Mental illness | Neck strain | | Rheumatoid Arthritis | |
| Stroke | Thyroid problem | | Ulcer | Other (list): |

4. Mark an X next to surgeries you have had:

- | | | | | |
|--------|-------|----------------|-------------------|------|
| Back | Heart | Eyes | Joint – Ex: Knees | Neck |
| Hernia | Lung | Gastric Bypass | Other _____ | |

5. List all medication taken in the last 6 months: _____

6. Do you have injuries/limitations that could affect your ability to exercise? (Please list):



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Part III. Your Lifestyle and Health Related Behavior

1. Number of hours worked per week: _____
2. More than 25% of time spent on job (Mark an X next to all that apply)
Sitting at desk Lifting or carrying loads Standing Walking Driving
3. Do you smoke? Yes No
4. If you are a smoker, indicate number smoked per day: _____
5. How many days per week do you accumulate 30 minutes of moderate activity? _____
6. How many days per week do you spend at least 20 minutes in vigorous exercise? _____
7. Can you walk 4 miles briskly without fatigue? Yes No
8. Can you jog 3 miles at a moderate pace without discomfort? Yes No
9. Weight now: _____ lbs. One year ago: _____ lbs. Age 21: _____ lbs.
10. List everything not included on this questionnaire that might cause you problems in a fitness program:

Part IV. Goals

1. What are the most important goals you want to reach within a certain benchmark? Why do you want to start now? (Ex: trip, birthday, anniversary, wedding, reunion, career, challenge, event, doctor's orders).

2. What are your biggest obstacles to your goals?

3. What will be the price/consequence of not reaching your goals?

4. What will be the reward(s) of reaching your goals?