



# Town of **MARKHAM** Community Fitness Centres

THE MARK OF EXCELLENCE

## Health History Questionnaire



Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M / F  
 Address \_\_\_\_\_ Apt \_\_\_\_\_  
 Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Ph. # \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Work Ph. # \_\_\_\_\_ Ext. \_\_\_\_\_  
 Have you ever been a member of a Town of Markham Fitness Centre? **Y / N** If Yes, when \_\_\_\_\_

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 Date of last complete medical: \_\_\_\_\_ Dr. \_\_\_\_\_

Ph.# \_\_\_\_\_ Has your doctor ,at any time, restricted you from strenuous activity or exercise? **Y / N** If yes specify: \_\_\_\_\_

Approx. Weight : \_\_\_\_\_ Approx. Height : \_\_\_\_\_

How would you describe your present fitness level: **Excellent / Good / Fair / Poor**

Please list your **past** athletic/recreational activities: \_\_\_\_\_

**Present** activities: \_\_\_\_\_

How physically demanding is your job? **Light / Moderate / Heavy**

Are you presently on a restricted diet ? **Y / N** Specify: \_\_\_\_\_

Please list **any** medication(s) you are taking and their purpose: \_\_\_\_\_

Have you ever been on medication for : **Heart / Cardiovascular / Blood Pressure**

List any injuries/ illnesses you may have experienced or limitations you may have due to specific health problems: Ex.(arthritis, asthma, osteoporosis, thyroid problems, major surgeries, diabetes, tendonitis, back pain, etc.) \_\_\_\_\_

Briefly describe treatment for above conditions

What treatments have you received or are presently receiving from your therapist \_\_\_\_\_

### **For Women Only**

Are you pregnant? **Y / N** If yes, at which stage \_\_\_\_\_ Approx. Due Date \_\_\_\_\_

Has your doctor ever told you to restrict your activities during pregnancy ? **Y / N**

### **General Program Information**

List 2 main goals for your fitness program: 1. \_\_\_\_\_ 2. \_\_\_\_\_

How much time can you make available for your exercise? \_\_\_\_\_ minutes - \_\_\_\_\_ Times/ week

Screened **Y/N** Screened by \_\_\_\_\_

If not screened why \_\_\_\_\_