SALEM FITNESS CENTER

Medical Screening Questionnaire

Name: _____Age:_____

Date of Birth: _____ Home Phone: _____

Physician: _____ Phone: _____

OFFICE USE ONLY

Date _____

Height _____

Weight _____

Body Fat % _____

Blood Pressure _____

Lipid Profile _____

Number of AHA Risks _____

Notes _____
_____
_____
_____
_____

◯ Yes or No ◯ **Age and Sex**: I am a man over 45 years old; or I am a woman over 55 years old; or I am a woman who has passed menopause or had my ovaries removed.

◯ Yes or No ◯ **Family History**: My father or brother had a heart attack before age 55; or my mother or sister had one before age 65.

◯ Yes or No ◯ **Blood Pressure**: My blood pressure is 140/90mmHg or higher OR I've been told my blood pressure is too high.

◯ Yes or No ◯ **Tobacco Smoke:** I smoke.

◯ Yes or No ◯ **Weight:** I am 20 pounds or more overweight. If not sure, answer how you feel about your weight. _____

_____

◯ Yes or No ◯ **Physical Activity:** I get less than 30 minutes of physical activity on most days.

◯ Yes or No ◯ **Cholesterol:** My total cholesterol is 240 mg/dL or higher. My HDL ("good") cholesterol is less than 35 mg/dL.

The last time I had my cholesterol checked was _____

◯ Yes or No ◯ **Heart Disease/ Stroke Medical History** I have coronary heart disease, atrial fibrillation or other heart conditions; or I've had a heart attack. I've been told that I have carotid artery disease; or I've had a stroke or TIA (transient Ischemic attack).
Cardiac Rehab: Have you ever begun, participated or completed cardiac rehab? Date:_____

◯ Yes or No ◯ **Diabetes:** I have diabetes (a fasting blood sugar of 126mg/dL or higher).

◯ Yes or No ◯ **Medication:** Are you currently on medication? If so, provide complete list.

◯ Yes or No ◯ Do you have any joint disease, arthritis, or prior lower extremity injury or chronic recurrent back pain? _____

Have you had a recent hip, knee, or shoulder replacement? Date: _____

◯ Yes or No ◯ Are there any limitations (not previously addressed) which might require special attention in an exercise program? Explain _____

_____

GOALS:
What do you want to focus on in beginning an exercise program?_____

_____

_____