



MEDICAL HISTORY

Client Name _____

Date _____

Age _____

Please check those that apply:

- Recent illness, hospitalization or surgical procedure
- Heart attack, coronary bypass, cardiac surgery, stroke
- Abnormal resting or stress ECG
- Uneven, irregular, or skipped hart beats (including a racing or fluttering heart)
- Abnormal blood lipids
- Family history of coronary or other artherosclerotic disease prior to age 55/male or 65/female
- Diabetes Mellitus
- High Blood Pressure
- Phlebitis Emboli
- Pulmonary disease (asthma, emphysema and bronchitis)
- Rheumatic Fever
- Light headedness or fainting
- Chest pain at rest or exertion
- Unusual shortness of breath
- Orthopedic problems (arthritis or any other bone, joint or muscle problem)
- Blood Clots, DVT or family history of DVT or Blood Clots
- Emotional disorders
- Medications
- Drug Allergies
- Smoking
- Physical inactivity

To Be Completed By INSPIRED By Fitness

Recommendations: Medical Clearance _____ Max Stress Test & Medical Clearance _____

Refer to medically supervised program _____

Health Status Classification: Low Risk _____ Moderate Risk _____ High Risk _____

Additional Information or Concerns Regarding Health Status or History:

Signature

Date