General Health Profile

To help further assess the safety of exercise for you, complete as much of this health profile as possible.

General Information

Age:_____ Total cholesterol:_____ Blood pressure:_____/_____

Height:_____ HDL:_____ Triglycerides:_____

Weight:_____ LDL:_____ Blood glucose level:_____

Are you currently trying to ☐ gain or ☐ lose weight? (check one if appropriate)

Medical Conditions/Treatments

Check any of the following that apply to you an d add any other conditions that might affect your ability to exercise safely.

☐ heart disease
☐ lung disease
☐ diabetes
☐ allergies
☐ asthma
☐ depression, anxiety, or other psychological disorder
☐ eating disorder
☐ back pain
☐ arthritis
☐ other injury to joint problem:_____
☐ substance abuse problem
☐ other:_____
☐ other:_____
☐ other:_____

☐ Do you have a family history of cardiovascular disease (CVD) (a parent, sibling, or child who had a heart attack or stroke before age 55 for men or 65 for women)?

List any medications or supplements you are taking or any medical treatments yo u are undergoing. Include the name of the substance or treatment and its purpose. Include both prescription and over-the-counter drugs and supplements.

_____ _____

_____ _____

Lifestyle Information

Check any of the following that is true for you, and fill in the requested information.

☐ I usually eat high-fat foods (fatty meats, cheese, fried foods, butter, full-fat dairy products) every day.

☐ I consume fewer than 5 servings of fruits and vegetables on most days.

☐ I smoke cigarettes or use other tobacco products. If true, describe your use of tobacco (type and frequency):_____

☐ I regularly drink alcohol. If true, describe your typical weekly consumption pattern:_____

☐ I often feel as if I need more sleep. (I need about ____ hours per day; I get about ____ hours per day)

☐ I feel as though stress has adversely affected my level of wellness during the past year.

Describe your current activity pattern. What types of moderate physical activity do you engage in on a daily basis? Are you involved in a formal exercise program, or do you regularly participate in sports or recreational activities?