



American Center of Corrective Exercise and Personal Training

# HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential

<b>Name</b> <i>(Last, First, M.I.):</i>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>
<b>Current Physician</b> <i>(name+phone#):</i>		

## PERSONAL HEALTH HISTORY

Injuries/Surgeries/Diagnosis of Disease	Date of:

## HEALTH HABITS AND PERSONAL SAFETY

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL.

<b>Exercise</b>	<input type="checkbox"/> Sedentary (No exercise)		
	<input type="checkbox"/> Mild exercise (i.e., climb stairs, walk 3 blocks, golf)		
	<input type="checkbox"/> Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)		
	<input type="checkbox"/> Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes)		
<b>Diet</b>	Are you on a specific diet (i.e., vegetarian, low calorie.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specific Diet (if applicable):		
	# of meals you eat in an average day?		
<b>Alcohol</b>	Do you drink alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Tobacco</b>	Do you use tobacco?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## FAMILY HEALTH HISTORY

	AGE	SIGNIFICANT HEALTH PROBLEMS		AGE	SIGNIFICANT HEALTH PROBLEMS
<b>Father</b>			<b>Children</b>	<input type="checkbox"/> M	
				<input type="checkbox"/> F	
<b>Mother</b>				<input type="checkbox"/> M	
				<input type="checkbox"/> F	

# ACCEPT

## Assumption of Risk

1. I am aware that exercise can be physically stressful and in certain circumstances can result in injury or in death.\_\_\_\_\_.
2. I am also aware that any changes in my eating patterns and/or diet can increase my risk of injury or death. \_\_\_\_\_.
3. I am aware that certain health conditions, risks or genetic influences can also increase my risk of injury or death during exercise or changes in diet\_\_\_\_\_.
4. I understand that my participation with ACCEPT (“Programs and Facilities”) which includes exercise, meal planning, and nutrition education is voluntary and at my own risk. \_\_\_\_\_.

I affix my signature hereto as a sealed instrument this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

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Witness:

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