

INDIVIDUAL MEDICAL/PHYSICAL HISTORY FORM

Name: _____ Date of Birth: _____

Mailing Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Emergency Contact: _____

Referred By: _____

If you answer yes to any of the following questions numbers 1-17, it is strongly advised that you obtain your/a physician's written consent before beginning this or any other nutrition and exercise program.

- 1) Have you been diagnosed with high blood pressure (>140/90)? Y___ N___
- 2) Have you recently experienced pain in your heart or chest? Y___ N___
- 3) Have you ever felt faint or experienced dizziness? Y___ N___
- 4) Do you experience shortness of breath with mild exertion? Y___ N___
- 5) Do you experience palpitations, tachycardia, irregular heart beat? Y___ N___
- 6) Have you been diagnosed with high cholesterol (>200mg/dl)? Y___ N___
- 7) Have you been diagnosed with a thyroid disorder? Y___ N___
- 8) Have you recently had lower back pain or discomfort? Y___ N___
- 9) Have you ever had a bone or joint problem that may be worsened by physical activity? Y___ N___
- 10) Have you had surgery of any kind within the past six months? Y___ N___
- 11) Are you pregnant or lactating? Y___ N___
- 12) Have you been diagnosed with type I or II diabetes? Y___ N___
If yes, indicate type: Type I _____ Type II _____
- 13) Have you suffered from gall bladder problems? Y___ N___
- 14) Have you ever been diagnosed with food allergies and/or been instructed by a physician to avoid certain foods? Y___ N___
If yes, indicate foods: _____
- 15) Are you currently taking any prescription medication? Y___ N___
If yes, indicate which: _____
- 16) Have you recently had a blood test that indicated any abnormal readings? Y___ N___
If yes, indicate which: _____
- 17) Are you currently suffering from a disease or condition not previously listed? Y___ N___
If yes, indicate which: _____

- 18) Have you ever had/been diagnosed with:
- Heart attack or heart failure
 - Heart surgery
 - Coronary Artery Disease (CAD)
 - Any metabolic disease
 - Heart valve or congenital heart disease
 - Pulmonary Disease
 - Stroke
 - Musculoskeletal/nerve problems
- 19) Do you frequently experience digestive disturbances such as gas, bloating, belching and/or nausea after meals? Y__ N__
- 20) Are you lactose intolerant? Y__ N__
- 21) Have you ever used or are you currently using laxatives? Y__ N__
- 22) Are you currently using any form of diuretics or stimulants (including ephedra)? Y__ N__
- 23) Have you ever had an eating disorder? Y__ N__
if yes, indicate which: _____
- 24) Have you ever participated in a commercial diet program? Y__ N__
If yes, indicate which: _____
Were you successful? Y__ N__
- 25) Do you suffer from occasional or constant diarrhea? Y__ N__
- 26) Do you suffer from occasional or constant constipation? Y__ N__
- 27) Do you drink more than a gallon of water per day? Y__ N__
- 28) Do you suffer from occasional or constant headaches? Y__ N__
- 29) Have you ever suffered from yeast infections? Y__ N__
- 30) Do you currently smoke cigarettes (or have you quit within the past 6 months)? Y__ N__
- 31) Do you drink alcoholic beverages? Y__ N__
If yes, how many per week? 1-3_____ 4-8_____ 9 or more_____
- 32) What are the average time intervals between your meals throughout the day?
3-4 hours_____ 4-5 hours_____ 5-6 hours_____ 6 or more hours_____
- 33) Would you prefer to make your own meal replacement shake in exchange for a meal? Y__ N__

Personal Goals

Have you ever received nutritional counseling? Y___ N___
If yes, please specify why: _____

What are your reasons for seeking nutritional counseling? (check all that apply)

- _____ Coach, trainer, or doctor suggested it.
- _____ Enhance performance.
- _____ I want to gain weight / lose weight. (circle one)
How much? _____ lbs.
At what weight are you most comfortable? _____
When was the last time you were at this weight? _____
- _____ I am curious about nutritional supplements
Please specify which one(s) _____
- _____ I want to know what foods to eat prior to, during, and after workouts and competition.
- _____ I am curious about proper hydration.
- _____ I think I may have an eating disorder.
- _____ I want to know what foods will help prevent chronic disease.
- _____ Other. Please explain _____

Jot down your personal short- and long-range nutrition and fitness goals and how you plan to achieve them.

Short Term Goals _____

Action Plan _____

Long Term Goals _____

Action Plan _____

Current Type of Activity

- _____ Professional Sport
- _____ Recreational Sports
- _____ Cardiovascular Exercise
- _____ Cardio Conditioning Classes (spin, aerobics, kickboxing, etc.)
- _____ Strength/Resistance/Weight Training
- _____ Other _____

Occupational Activity Level

- _____ Sedentary: (sitting)
- _____ Light: (standing)
- _____ Moderate: (walking)
- _____ Active: (manual labor)

Current Weekly Physical Activity Level

- _____ Inactive (<1 hour of exercise per week)
- _____ Moderately Active (1-3 hours of exercise per week)
- _____ Very Active (4+ hours of exercise per week)

How long have you been exercising regularly? _____

Supplementation

Please list any supplements you are currently taking (and amount, if known):

Individual Physical Statistics

Age _____ Current Resting Heart Rate: _____ bpm
 Gender: M _____ F _____ Current Body Weight (no shoes): _____ lbs
 Height: Feet _____ Inches _____ Current Body Fat %: _____

I, _____ certify that the answers to the Individual Medical/Physical History Form are true and accurate to the best of my knowledge. Also, I am fully aware that my nutrition and exercise program is not designed as a treatment or cure for any medical condition and I have been advised to consult my physician prior to beginning this or any other diet and exercise program.

As a participant in this nutrition and exercise program, I agree not to hold Pacific Coast Nutrition or any agents liable for any personal injuries that may incur from services or instruction provided by a Personal Trainer/Nutrition Consultant, or while using facility, equipment and/or services provided by Pacific Coast Nutrition. Furthermore, I warrant that I am in good physical condition and have no disabilities, impairments, or ailments (not mentioned on the Individual Medical/Physical History Form) that could in any way adversely affect me due to participation in a physical fitness or nutrition program. In addition, I agree to keep my practitioner updated on any changes in my medical profile.

I, the undersigned, agree to the above terms and conditions.

Signed

Date