

**Brockton James, Certified Fitness Nutrition Coach / Wellness Coach**

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Your Name:

Phone/Email:

Date of Birth:

Emergency Contact (name / phone):

Date of last complete physical:

**Confidential Health History Questionnaire** (Please circle or if completing in Word, underline):

1. Has a doctor diagnosed you with any heart conditions? Y / N
2. Has a doctor diagnosed you with any obstructive pulmonary disease? Y / N
3. Has a doctor diagnosed you with any form of metabolic disease? Y / N
4. Have you been diagnosed by a doctor as hypertensive (high blood pressure)? Y / N
5. Have you been diagnosed by a doctor as having high cholesterol? Y / N
6. Have you been diagnosed by a doctor as having hypoglycemia? Y / N
7. Have you been diagnosed by a doctor as having high triglycerides? Y / N
8. Has anyone in your immediate family had any heart problems prior to age 55? Y / N
9. Are you epileptic? Y / N
10. Have you ever suffered a concussion or been knocked unconscious? Y / N
11. Do you smoke (or have you quit within the last 6 months)? Y / N
12. If female: Are you pregnant? Y / N
13. If female; Are you pre or postnatal? Y / N
14. Have you ever experienced chest pain? Y / N
15. Have you ever experienced abnormal dizziness? Y / N
16. Have you ever experienced shortness of breath (with mild exertion)? Y / N
17. Have you been diagnosed by a doctor as having osteoporosis? Y / N
18. Do you have arthritis or joint pain? Y / N
19. Do you have any back pain or a spine disorder? Y / N
20. Have you ever had any broken bones? Y / N
21. Do you have any musculoskeletal pains / injuries? Y / N
22. Are you sensitive to touch or pressure in any area? Y / N
23. Have you ever had a hernia? Y / N
24. Do you have difficulty sleeping? Y / N
25. Do you experience poor circulation in your extremities (cold hands and feet)? Y / N
26. Do you have any gastrointestinal disorders? Y / N
27. Are you on any medications right now? (If so, please list on reverse.) Y / N