



next step fitness, inc.

PERINATAL FITNESS HEALTH HISTORY QUESTIONNAIRE

NAME _____

AGE _____

OBSTETRICAL/GYNECOLOGICAL HISTORY

DUE DATE _____ # OF WEEKS PREGNANT _____

NUMBER OF PREGNANCIES _____ NUMBER VAGINAL BIRTHS _____ NUMBER OF "C"
SECTIONS _____

ARE YOU CURRENTLY HAVING CONTRACTIONS OR SPOTTING? _____

DO YOU HAVE ANY GYNECOLOGICAL PROBLEMS THAT HINDER YOUR MOVEMENT OR
ACTIVITIES? PLEASE DESCRIBE _____

EXERCISE HISTORY

WHAT ARE YOUR FITNESS GOALS? _____

DO YOU CURRENTLY EXERCISE? _____

WHAT DO YOU DO? _____

HOW MANY TIMES PER WEEK? _____ FOR HOW LONG? _____

ANY RESTRICTIONS ON EXERCISE? _____

WHAT TYPES OF PHYSICAL ACTIVITY DO YOU REGULARLY DO? (i.e. Housework,
gardening, dancing, walking dog, etc...)

HOW OFTEN DO YOU DO THESE ACTIVITIES? _____

HOW LONG EACH SESSION? _____

PAST MEDICAL HISTORY

CURRENT PHYSICAL/MEDICAL CONDITIONS AND DIAGNOSES _____

PLEASE LIST ALL SURGERIES THAT YOU'VE HAD AND AT WHAT AGE _____

HAVE YOU EVER BEEN TOLD THAT YOU HAVE:

HIGH BLOOD PRESSURE _____

CONGESTIVE HEART FAILURE _____

CORONARY ARTERY DISEASE _____

A HEART MURMUR _____

HEART VALVE DISEASE _____

ANY TYPE OF HEART DEFECT _____

HIGH CHOLESTEROL _____

HARDENING OF THE ARTERIES _____

HEADACHES _____

DEPRESSION _____

ASTHMA/EMPHYSEMA _____

OTHER LUNG DISEASE _____

HIATAL HERNIA/REFLUX _____

INTESTINAL PROBLEMS _____

DIABETES _____

KIDNEY DISEASE _____

ARTHRITIS _____

GOUT _____

SEIZURES _____

OTHER MENTAL ILLNESS _____

ANY OTHER ILLNESS NOT MENTIONED HERE?

CURRENT MEDICATIONS

SOCIAL HISTORY

DO YOU SMOKE? ___ HOW MUCH? _____ WHEN DID YOU QUIT? _____ HOW MANY YEARS DID YOU SMOKE? _____

DO YOU DRINK ALCOHOL ___ HOW OFTEN? _____ WHAT DO YOU DRINK? _____ HOW MANY? _____

ARE YOU WORKING? _____ WHAT DO YOU DO ? _____

ARE YOU UNDER STRESS? _____

ARE YOU ON ANY TYPE OF DIET? _____

I HAVE ANSWERED THE ABOVE QUESTIONS TO THE BEST OF MY ABILITY. I UNDERSTAND THAT IN THE EVENT OF UNINTENTIONAL OMISSION OF INFORMATION, I WILL NOT HOLD NEXT STEP FITNESS, INC., LIABLE FOR ACCIDENTS OR INJURIES THAT OCCUR AS A RESULT. I UNDERSTAND AND AGREE TO PROMPTLY NOTIFY NEXT STEP FITNESS, INC. OF ANY CHANGES TO MY HEALTH STATUS.

SIGNED _____

DATE _____

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