Current Health – Past Month		
Back Pain	YES	NO
Chest Pain or Tightness	YES	NO
Discomfort from the Waist Up	YES	NO
Heart Palpitations	YES	NO
Indigestion	YES	NO
Jaw Pain	YES	NO
Joint Pain	YES	NO
Lightheadedness	YES	NO
Muscle Pain	YES	NO
Nausea	YES	NO
Neck Pain	YES	NO
New Medication or Dosage Changes	YES	NO
Shortness of Breath	YES	NO
Cardiovascular Exercise (walking, biking, swimming, etc.) Number of days/week?_____	YES	NO
Resistance Exercise (lifting weights, sit-ups, push-ups, etc.) Number of days/week?_____	YES	NO
Stretching, Yoga, Pilates, or similar Exercise Number of days/week?_____	YES	NO
Physically Active around home and yard	YES	NO
Wellness and/or Weight management goals:		
Other:		

Signature _____ Date _____