



Agility Spa Health Questionnaire

Name: _____
Email Address: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax #: _____ Work Phone: _____
Person to contact in the case of an emergency: _____
Their phone number: _____ Their work phone number: _____
Physician's Name: _____
Physician's Phone Number: _____ Fax #: _____
Your Age: _____ Weight: _____

1. Has your doctor ever said you have heart trouble or any cardiovascular problems?
Yes No
2. Do you frequently suffer from pains in your chest? Yes No
3. Have you ever suffered from a heart attack? Yes No
4. Do you experience an irregular or racing heart rate during exercise or at rest?
Yes No
5. Do you often feel faint or have spells of severe dizziness? Yes No
6. Has a doctor ever said that your blood pressure is too high? Yes No
7. Do you often have difficulty breathing? Yes No
8. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? Yes No
9. Are you over age 65 and not accustomed to vigorous exercise? Yes No
10. Are you diabetic? Yes No
11. Are you pregnant? Yes No

If you answered YES to any of the above questions (1 – 11), please note that written physician approval is required prior to attending Agility Spa. This MUST be sent with this form and your balance of payment.

12. List any medications you are now taking and the reason for which they were prescribed: _____

13. List any operations you have had (include date): _____

14. How many times have you visited a physician or any health care professional during the past year? _____

15. How many days did you miss from work last year due to sickness or injury? _____

16. Do you smoke? Yes No

17. Indicate how you are coping with daily stress on a scale of 1-10: _____

18. Indicate your energy level on a scale of 1-10: _____

19. On the average, how often do you get 7-8 hours of sleep? _____

20. How many times per week do you engage in moderate or strenuous exercise for at least 20 minutes? _____ Describe. _____

How long have you been doing this? _____

21. Have you ever begun an exercise / wellness program and then stopped? Yes No

If yes, when? _____ Why did you stop? _____

Thank you very much!

Please note: all personal health information is kept confidential. Please answer all questions honestly - this will help tremendously in the case of an emergency.