SIUe CAMPUS RECREATION

Wellness Center

Health History Questionnaire

CANCELLATION POLICY:
It is my responsibility to contact the Wellness Center if I am unable to make my scheduled appointment. **Cancelling my appointment with under 24-hour notice will result in a 2-week delay in scheduling** my next appointment. A **missed appointment with no call will result in a 3-week delay in scheduling** my next appointment. If I miss two scheduled appointments, I will not be able to sign up for another one for the remainder of the semester. Campus Recreation is proud to offer this service to students, faculty, staff and alumni. Please value your scheduled appointment and show up in a timely manner. **Signature** ______________________________

Please respond as accurately as possible; the below information will be used to ensure a safe exercise environment. All information will remain confidential unless further professional consultation seems warranted.

Name ______________________ ID # ______________________ Date ______________

Local Home Address ______________________________ Primary Phone ______________________

City ______________________ State ______ Zip __________ Alternate Phone ______________________

Date of Birth ____/______/_____ Age_____ Sex ❒ M ❒ F Email______________________

Status: ❒ Student ❒ Staff ❒ Faculty ❒ Alumni ❒ Family ❒ Other: ______________________ Year in School: ❒ Fresh ❒ Soph ❒ Junior ❒ Senior ❒ Grad Major: ______________________ How did you hear about this program?

❒ Flyer ❒ Website ❒ Class ❒ Friend ❒ Tour ❒ Other: ______________________

If part of a class assignment: Assignment Due Date: __________ Instructor: ______________________

I would prefer to receive a reminder via ❒ Email ❒ Text (phone carrier ________________) (Standard text rates apply)

Emergency Contact ______________________________ Phone______________________

Relationship to you______________________ Address______________________________

Smoking/Tobacco/Vaping Usage: ❒ Never used ❒ Smoke only on occasion ❒ Smoke up to ____ (#) (pack)/day

❒ Use different form of tobacco (cigar) (pipe) (chew) (other) ❒ Ex-Smoker (how long______)

Alcohol Consumption: ❒ Never drink ❒ drink only on occasion ❒ ______ average drinks per week

Caffeine Consumption: ❒ Do not consume caffeinated beverages ❒ only on occasion ❒ ______average drinks per week

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How long has it been since your last physical examination?

❒ Less than 1 year ❒ 1-2 years ❒ 2-3 years ❒ 3 or more years

Do you have a personal physician? ❒ Yes ❒ No*

Personal Physician ______________________________ Physician's Phone ______________________

Physician's Address ____

Do you have medical alert identification? ❒ Yes ❒ No *If yes, where is it located?* ______________________

If you do not have a current physician, Health Services can provide you with a physical at a cost of $40.

How often would you characterize your stress level as being high? ❒ Occasionally ❒ Frequently ❒ Constantly

Please list all medications that you are currently taking.

Name of Drug	Dosage/Frequency	Reason for Taking
________________________	________________________	________________________
________________________	________________________	________________________
________________________	________________________	________________________

Please indicate if you have had, or presently have, any of the following:

❒ Thyroid disorder	❒ Dizziness or fainting	❒ Hernia
❒ Ankle swelling	❒ Unusual shortness of breath	❒ Back trouble
❒ Epilepsy or seizures	❒ Recent hospitalization	❒ Arthritis
❒ Diabetes	❒ Chronic Bronchitis	❒ Osteoporosis
❒ Heart attack/heart disease	❒ Emphysema	❒ Bone or joint problems
❒ Heart surgery	❒ Asthma	❒ Low blood pressure
❒ Heart failure	❒ Exercise-induced asthma	❒ Hypoglycemia
❒ Heart murmur	❒ Fibromyalgia	❒ Hay fever/other allergies
❒ Heart valve disease	❒ Obesity	❒ Emotional disorder
❒ Heart palpitations	❒ High blood pressure	❒ Eating disorder
❒ Chest pain	❒ High blood cholesterol	❒ Anemia
❒ Cancer	❒ High blood triglycerides	❒ Phlebitis
❒ Stroke	❒ Glucose intolerance	❒Other:______________________

Are you, or may you be pregnant? ❒ Yes ❒No

Describe any surgery that you have had within the last two years ____

____

____

Have you ever sustained any injury or experienced any type of chronic pain, which has been diagnosed as due to physical activity or sports participation? ❒ Yes ❒ No If Yes, please explain____________________________________

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____

Has your weight fluctuated more than a few pounds? ❒ Yes ❒ No If Yes, please explain __________________

____

____

Have any members of your immediate (genetic) family been diagnosed with the following:

	Mother	Father	Sister(s)	Brother(s)	Grandparent(s)
Heart disease	_____	_____	_____	_____	_____
Heart attack (under age 50)	_____	_____	_____	_____	_____
Heart surgery	_____	_____	_____	_____	_____
Stroke (under age 50)	_____	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____	_____
Pulmonary disease	_____	_____	_____	_____	_____
Sudden death	_____	_____	_____	_____	_____
High blood pressure	_____	_____	_____	_____	_____
High cholesterol	_____	_____	_____	_____	_____
Obesity	_____	_____	_____	_____	_____
Other:_________________	_____	_____	_____	_____	_____

I hereby state that all of the above information is accurate to the best of my knowledge.

Signature ____ Date ________________________

EXERCISE STATUS

Level of physical activity? ❒ Inactive ❒ Low (<150 min*) ❒ Medium (150-300 min*) ❒ High (>300 min*)

*number of minutes of moderate (raised heart rate) intensity activity per week

How often do you perform cardiovascular exercise for at least 20-30 minutes per session?
❒ No regular program ❒ 1 time/week ❒ 2 times/week ❒ 3-4 times/week ❒ 5 + times/week

How often do you weight train?
❒ No regular program ❒ 1 time/week ❒ 2 times/week ❒ 3-4 times/week ❒ 5 + times/week

Briefly describe your exercise program ____

____

HEALTH GOALS

Please indicate your *top three* goals.

____ Improve strength
____ Improve muscle tone & shape
____ Improve cardiovascular fitness
____ Improve flexibility
____ Improve health
____ Reduce cholesterol
____ Reduce blood pressure
____ Increase energy
____ Reduce stress
____ Prevent injury
____ Lose weight/decrease body fat
____ Gain weight
____ Improve diet/eating habits
____ Train for a sports-specific event
____ Rehabilitate injury
____ Other____

NUTRITION LIFESTYLE

What is your current weight? ________ lb height? ____ ft. ____ in.

What would you like to weigh? ________ lb

What is the most you ever weighed as an adult? ________ lb What is the least? ________ lb

What weight loss methods have you tried? ____

Which do you eat regularly?

❒ Breakfast ❒ Midmorning snack ❒ Lunch ❒ Afternoon snack ❒ Dinner ❒ After-dinner snack

How often do you eat out each week? ________ times

What size portions do you normally have? ❒ Small ❒ Moderate ❒ Large ❒ Extra-large ❒ Uncertain

How long does it usually take you to eat a meal? ________ minutes

Do you eat while doing other activities (e.g., watching TV, reading, working)? ____________________

Consent for Limited Release of Information

Campus Recreation may need to communicate with other SIUE offices on your behalf. Please initial before each of the following if you consent to the exchange of limited information. If you do not wish for any of your information to be shared, do not initial.

____ SIUE Health Service

____ Counseling Services

____ Intercollegiate Athletics

____ Mandating Official (please specify) ____________________________________

____ Other (please specify name) ___________________________________

____ Disability Support Services

____ International Student Services

You will need to sign a Release of Information Form if you wish to have additional information communicated.

Availability

Services are offered **Monday through Friday, 8:30am – 5:00pm**
Fitness Assessments usually take 30 – 60 min

Please fill out the chart below with <u>at least two available time frames.</u>

We will be able to accommodate you within the following two weeks.

	Monday	Tuesday	Wednesday	Thursday	Friday
Availability **(8:30am – 5:00pm)**	❒ 8:30am – 10am ❒ 10am – 11am ❒ 11am – 12pm ❒ 12pm – 1pm ❒ 1pm – 2pm ❒ 2pm – 3pm ❒ 3pm – 4pm ❒ 4pm – 5pm	❒ 8:30am – 10am ❒ 10am – 11am ❒ 11am – 12pm ❒ 12pm – 1pm ❒ 1pm – 2pm ❒ 2pm – 3pm ❒ 3pm – 4pm ❒ 4pm – 5pm	❒ 8:30am – 10am ❒ 10am – 11am ❒ 11am – 12pm ❒ 12pm – 1pm ❒ 1pm – 2pm ❒ 2pm – 3pm ❒ 3pm – 4pm ❒ 4pm – 5pm	❒ 8:30am – 10am ❒ 10am – 11am ❒ 11am – 12pm ❒ 12pm – 1pm ❒ 1pm – 2pm ❒ 2pm – 3pm ❒ 3pm – 4pm ❒ 4pm – 5pm	❒ 8:30am – 10am ❒ 10am – 11am ❒ 11am – 12pm ❒ 12pm – 1pm ❒ 1pm – 2pm ❒ 2pm – 3pm ❒ 3pm – 4pm ❒ 4pm – 5pm

Additional Comments: ____

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