



Client Intake Form

Please print clearly.

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|-------------------|----------------|------|
| Name: | Date of Birth: | Age: |
| Address: | | |
| City, State, Zip: | | |
| Home Phone: | Work Phone: | |
| Employer: | Occupation: | |

Please answer the following questions (circle one):

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| Has a doctor diagnosed you with a heart condition? | Yes | No |
| Have you ever had angina pectoris, sharp pain, or heavy pressure in your chest as a result of exercise, walking, or other physical activity such as climbing stairs? <i>(Not including the normal out of breath feeling that results from normal activity)</i> | Yes | No |
| Do you experience any sharp pain or extreme tightness in your chest in cold temperatures? | Yes | No |
| Have you ever experienced rapid heart beat or palpitations? | Yes | No |
| Have you ever had a real or suspected heart attack, coronary occlusion, myocardial infarction, coronary insufficiency, or thrombosis? | Yes | No |
| Have you ever had rheumatic fever? | Yes | No |
| Do you have or have you had diabetes, hypertension, or high blood pressure? | Yes | No |
| Does anyone in your family have diabetes, hypertension, or high blood pressure? | Yes | No |
| Has any blood relative (parent, sibling, first cousin) had a heart attack or coronary artery disease before the age of 60? | Yes | No |
| Have you ever or do you take medications or been on a special diet to lower your cholesterol? | Yes | No |
| Have you ever taken digitalis, quinine, or any other drug for your heart? | Yes | No |
| Have you ever taken nitroglycerine or any other tablets for chest pain? | Yes | No |
| Are you overweight? | Yes | No |
| Are you under excessive stress? | Yes | No |
| Do you drink heavily? | Yes | No |
| Do you smoke tobacco? | Yes | No |
| Do you have a physical condition, impairment or disability, including a joint or muscle problem, that should be considered before you begin a nutrition program? | Yes | No |
| Are you over 65 years old? | Yes | No |
| Are you over 35 years old? | Yes | No |
| Do you exercise fewer than three times per week? | Yes | No |