



## CARDIAC RISK ASSESSMENT

**Note: This information will be kept confidential and read by Challenge Northwest staff only.**  
**Please complete this form, the participant medical information, and liability document now and send it to us or bring the completed forms with you on your challenge course date. Our Address: Challenges Northwest Inc. 36003 S.E. 94<sup>th</sup> Place, Snoqualmie, Washington 98065**

NAME \_\_\_\_\_ Birth date \_\_\_\_\_  
SEX Male / Female Height \_\_\_\_\_ Weight \_\_\_\_\_

**Medical History:** Do you have any of the following symptoms or conditions?  
(Circle yes or no)

Do you have any history of heart disease or heart attack?	yes	no
Do you have any history of high blood pressure?	yes	no
Do you ever have chest pains or palpitations?	yes	no
If yes: Have you seen a doctor about these symptoms?	yes	no
Are they associated with shortness of breath?	yes	no
Are they associated with sweating or anxiety?	yes	no
Have you ever had a stroke?	yes	no
Do you have diabetes or elevated blood sugar?	yes	no
Have you ever had your blood lipids checked? (blood lipids are cholesterol, triglycerides, LDL, HDL)	yes	no
If so, were they elevated?	yes	no
Is there a family history of heart disease?	yes	no

If you circled "yes" to any of the above, please explain below:

Issue: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

Issue: \_\_\_\_\_

Explanation: \_\_\_\_\_

(Use reverse side if necessary to describe further issues.)

**Social History:** Describe briefly your use of the following:

Tobacco: packs per day \_\_\_\_\_, times years \_\_\_\_\_, date quit \_\_\_\_\_

Alcohol: type and amount \_\_\_\_\_

Caffeine: cups per day \_\_\_\_\_

Please describe your exercise routine and general level of fitness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_