
[How to Create Your Medical History Questionnaire with Skyler Tanner](#)

Lawrence: Skyler, welcome back to the Membership.

Skyler: No, happy to be here. Lawrence.

Lawrence: Thank you for doing this. So in this short Membership podcast, we're going to talk about your medical history intake form. I've had a couple of members ask me to do some content on type of questions you put on an intake form. Why you use those questions? What they might tell you? I really like your form because it's relatively brief. You can tell that you've thought a lot about it in terms of making sure there was I guess minimal friction because you just want the person to be able to complete it without much fuss I suppose. So I will obviously put a link in the thread in the Membership so that people have got that to look at so that they can reference that whilst they listen to this. We'll just kind of go through that. So do you want to, I guess just to start off, just talk about what is a medical history questionnaire and why do you need it?

Skyler: Sure. So anytime we're taking on somebody in a personal training, a personal strength training kind of capacity, often as a function of who our target market tends to be, in our case the CEO, supermoms, retirees of the world, there's assuredly going to be something physical that needs to be acknowledged or accounted for. Just as important, we are pretty adamant in our intake process and our free workout process now that's evolved over time to make sure that people who are really trying to find backdoor rehab that they should be in a doctor's office or they should be getting PT and they have some aversion to that. So they want to find a

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fitness solution to a pain problem. That's a great hook line by the way. But it's true that a lot of individuals, they have some sort of a rehab need and they're just averse.

Skyler: So they want to try and find a fitness solution. Inevitably, if you make it worse, they will lay it in your lap. So one half of the intake process is the medical health history to get them to document or to acknowledge things that have happened to them. They will not remember everything that happened to them. Robb Wolf has a great story about somebody going through his intake and coming in for their first, kind of the start of their on ramp and this individual, he sees him take his shirt off and he has an insulin pump on his hip and Rob going, "Hey, you didn't tell me about that." And the guy goes, "Oh, this is no big deal." And Rob's like, "It's a huge deal." It might not be a huge deal for that guy because he's diabetic and he's been living with it for a long time.

Skyler: It's a huge deal for us on this side because if somebody suddenly passes out, we don't know if they're diabetic and we're like, oh, they're just working really hard, when no, they're actually going into a hypoglycemic coma. So the more information we can get up front, the better understanding that they're probably not going to disclose everything, which is why having an on-ramp or some sort of free workout to have people talking and get long form versions of what we're putting on the form here sort of completes the loop. That's why this is clean and to the point because it's really there to give me launching off conversational topics for the in-person free workout that we administer after this.

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Lawrence: Awesome, great start. So okay, so we look at the form, which I'll bring up in a moment. You've got the obvious things, name, date of birth, telephone number, things that you need. I notice you don't ask for an email address. Is that because you already have that from other means?

Skyler: Typically, I've gotten their email address through... They've emailed me from the website for a consultation and so I already have an email address from them. Now that said, I do have an email address on my informed consent. So the way in which they sign their name on the informed consent is writing their name and adding an email address. I get it redundant later, but typically they've come in through the website so I have an email address.

Lawrence: Cool. Then you've got a list of services that you ask them what they're most interested in and you kind of hinted at just now, is that just to qualify whether they're going to be potentially a not great fit for you and if they're just looking for some temporary rehab or something like that or is there another purpose for this too?

Skyler: No, no. The purpose for this is to actually number one, give me a frame of reference from which they're coming in for making sure the language of the value proposition matches what they're coming in for. Number one. Number two is also to stratify who this person might be best for. So if somebody comes in and they have secondary progressive MS, I want to be the one working with them as opposed to one of our trainers currently. Somebody else might have expertise with working with neurological

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issues later on, but right now it's a way to go, okay this individual, what they have going on or what their needs are is appropriate for just for me or it's appropriate for myself or one of our other trainers. So it's both a framing and also it filtering.

Lawrence: Yeah. Awesome. Yeah and it makes sense because you can also slide them into the appropriate service maybe as your service portfolio evolves. It's just a way of qualifying them in into that. Okay. That's fairly straightforward. Then you've got the conditions. Just curious, when you were creating this, did you use a template yourself? Because I can imagine it, I mean even with your experience, it can be quite easy to miss one of these conditions.

Skyler: Yeah. So some of this was stripped out of a variant of a PAR-Q, which is Physical Activity Readiness Questionnaire that the ACSM has. There's a PAR-Q I think in [Mindbody](#), so this is a fairly standard intake-

Lawrence: They're really easy to find. You can just Google PAR-Q, your country. I looked at this one with the public health service here in Ireland. They're really easy to find for templates. Yeah.

Skyler: Yep. Those PAR-Q's typically are meant to be a little bit more... They seem slanted towards heart conditions because we're talking about exercise. So you can see that a lot of them have, have you had symptoms such as shortness of breath, this and that? Or have you been diagnosed with a cardiac condition? But generally speaking, PAR-Qs ask more general, have you been cleared to exercise? Are you currently training?, kind of

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questions. Often you'll find some sort of list like this, heart disease, diabetes, hypertension, asthma, cancer, epilepsy, lung disorders, osteoporosis, back pain. Also in this way, I'm not looking for say muscle and joint dysfunctions that typically come with athletes, ankle sprains, strains, things that nature.

Skyler: They could list those in other, but those to me are red flags for you should really be in rehab or have you been cleared recently from rehab having had... Trying to get those questions once they answer those questions to disclose this stuff tends to be chronic conditions and the severity of the chronic condition, that is up for me to decide because I have a lot of people with lung disorders and MS and osteoporosis. They're in here training, working hard and getting great results. That doesn't typically present with acute symptoms that are likely to show up on the floor, but by understanding that could cause me to watch for that sort of thing, which is very different than as I said someone who needs their knees replaced and has pain and they're going to be averse of everything that we're doing in their lower body and they should really go to rehab and then get their knees replaced kind of scenario. So that's what I think about this is a lot of these really pertain to chronic conditions, chronic health conditions that often show up in our target markets.

Lawrence: Awesome. And then the next one you've got, this says, please describe any musculoskeletal conditions or injuries that you suffered. I'm curious, well if you could elaborate on why you've got that question and I'm

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curious why you don't just say please describe any injuries that you've suffered. So why specifically musculoskeletal?

Skyler: I try to keep it in the frame of reference. Since we're talking about strength training, sometimes I'll get in the past when I'd ask people about this, describe any injuries that you've suffered, they'll tell me things that are sort of like... I mean they would give me things that aren't just going to show up in mechanical work. If I just said injuries or conditions, they'd said, "Oh, I had a tumor removed five years ago, a brain tumor removed five years ago." It's like, great. Also that's not anything that I can kind of get our hands on or that the mechanical work is going to directly negatively affect. That would be in the other.

Skyler: So you'll notice if you go up to the check the conditions you've previously had, the only two that are kind of structural are osteoporosis and back pain. But again those tend to be often, hopefully the back pain one is not chronic or is intermittently chronic or subchronic, and then the musculoskeletal becomes ankle sprains, strains, things of that nature. Inevitably, people will not disclose every one of the conditions that they've suffered because sometimes they've had an injury that is quiet in their activities of daily living.

Skyler: Then once you put load on it, then it brings itself to bear. So that's also part of the reason again why we have the free workout and kind of the initial on-ramp Start Smart protocol to kind of let all those things sort of come up to the surface.

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Lawrence: So you have two shoes potentially that I see, hidden issues that obviously come to surface once they've actually started training and then secondly, you have an optimism bias too, right? I don't know about you, but whenever I filter anything like this, I've always, well, I've occasionally, only after the fact realize I've omitted something about me that I needed to put down. I don't know whether you call it an optimism bias or what, but-

Skyler: I've never heard that term, but that's a great way to describe it. That idea that think that are no longer problematic in your activities of daily living from three years ago won't rear their head. It's just something that people don't think about it. I don't think it's malicious. I think it's just, they're not feeling it now.

Lawrence: I used to be an asthmatic as a kid and I don't know whether... I no longer suffer from anything like that now. If I'm filling out a form, I won't put that down, mainly because I'm not suffering from it now and haven't been for years but also because part of me is like I'm a superhuman fit person, which is probably not true. So yeah.

Skyler: Right, right. So yeah, that's part of again why I have the on-ramp afterwards, the Smart Start on-ramp, which is just for those tuning in for the first time.

Skyler: That's pure super slow for eight to 12 weeks. Big compound movements, nothing crazy. Typically, two to three minute time interlude window nudging people towards higher levels of effort because that's often not what they're associated with. That offers an opportunity to see any of

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these mechanical issues that might be coming up that weren't disclosed or optimism bias. In the free workout, I also take people through three quick pain screens that I took from the FMS, the Functional Movement Screen, where if somebody comes in and they're not disclosing these things, I take them through a really, I forget the name of the test itself, I can find it. Where it's a shoulder... You do this, it's the most conservative rotator cuff tendinitis or shoulder issue screen where if you put your hand on your opposite shoulder and you try to bring your forearm up to your head without your hand coming off of your shoulder.

Skyler: So Lawrence, you'll notice this as the position in which you're swinging blocks fucked your shoulder up, right?

Lawrence: Potentially.

Skyler: Remember when Bill said, oh, I broke out the sports injury textbook. He talked about that position as being really problematic when you had him on the podcast. This is that, right? It's the same orientation. So we test that on either side and then we put them in the Cobra Pose out of yoga and kind of Child's Pose, which are just with the hands on the ground. They're basically terminal extension and flexion of the lumbar spine to see if there's any pain there that is sharp, stabbing, hot are the words we're looking for. If they clear those things, then we know at least that the hips, the back and, well not necessarily the hips, but the back and the shoulders where people tend to have a lot of pain and mechanical issues, they're clear. So that is the second half of I'm getting them to disclose

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what they remember and then I'm doing a little fact-finding both deliberately and then letting it kind of bubble to the surface during the Start Smart.

Lawrence: Cool. Okay. Yeah. And you've talked about the Start Smart process before at your facility and I'll try and link to the most appropriate episode for that. I know you've touched on it a bunch of times, so I'll try and find one that's the most appropriate. Okay. All right. So obviously some of these are fairly self-explanatory and we don't have to go into all of them, but one that did peak my interest was you ask about tobacco usage. Why do you ask that?

Skyler: Well, if somebody is a smoker, then they're going to typically have that acute almost being asthmatic like you had talked about. The irritation of... I could see all sorts of things. They look fit. They're fairly strong, but they have a lot of wind issues. They're gassing out on an exercise earlier. I see a cardiovascular limitation, not a muscular limitation. So I ask about that because I still have a couple of clients who are smokers, which blows my mind. In my age group, I'm much more likely to have people who occasionally partake in some marijuana usage than cigarette smokers. But I have a couple clients who are cigarette smokers and addiction's a son of a bitch. So being able to see and maybe make adjustments around the fact that their lungs... So stepping back.

Skyler: In exercise physiology in graduate school, we're taught that the lungs are almost never the limiting factor in anything you're going to do if you're

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healthy, right? Extraction, the heart muscle pumping out oxygen is problematic. There's a bunch of other things that are problematic or the limiting factor, but the lungs are never... There's enough oxygen in there, they can turn over quickly enough and assuming you're healthy, the musculature, and not at altitude, the musculature that manages the expansion of the ribcage and the negative pressure of the lung, that all keeps up except in people who smoke a lot of cigarettes or have some sort of pulmonary issue. So even though they might not have a diagnosed restrictive lung disorder, regular cigarette use will create a situation in their lungs where they might present like they do in here. So understanding that, being able to look for it and then adjust accordingly is what I'm searching for it there.

Lawrence: Cool. And that totally makes sense. Then you've just got the obvious, just getting them to select agree or disagree at the bottom of the form, which is understandable. So just a couple of questions about the form quickly. In terms of the form itself, it's a Google form isn't it? You've just used one of their fancy templates-

Skyler: Right.

Lawrence: Which make it look professional and on brand, right?

Skyler: Right.

Lawrence: Which again is accessible to anyone who's got \$5 a month to spend on G Suite, which is amazing.

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Skyler: Right.

Lawrence: I use the same thing.

Skyler: Yeah, yeah it works great. Then I've got all of them marked as necessary. Right. From where you are, you can see up on the kind of the right hand side there's those red stars. So people can't opt out in other words. They have to go through this before they walk in our front door. When people don't do it for some reason, because when you confirm a time and date, people will often sort of ignore the rest of the email, I will pull up the medical health history in the informed consent on a private window and it will act like I'm not signed in and then they can fill it out and it will email it to me. I'll have them do it in my office or in our office, walking in the front door if they haven't done it yet.

Lawrence: Yeah, these days people are just so overwhelmed with notifications, emails, what have you, it can be quite difficult to get people to do form fills these days. So sometimes, you just have to do it when they're in person don't you? It's an easier way to make sure they get it done.

Skyler: Right.

Lawrence: Just for everyone listening and watching, in terms of the other forms that you need to get done for your business such as waivers, release forms, service policy to go alongside the medical history, we've got templates for those as well in the Membership and I'll link to those. I think, Skyler, I think you provided a template I think. Owen, at Live Oak, provided one too. And

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Joel as well, so there's plenty there that people can use to help them create their own. Is there any, I guess anything else, any other remarks you have for those listening who are trying to just construct their intake form for their business? Any tips that we haven't already touched on?

Skyler: You could very quickly get in the weeds with like a four-page, super granular, try to cover your ass in every conceivable way kind of form, but I think that's just going to frustrate you and it's going to frustrate your clients. You're using these forms, they're like filters, they're check gates. People are disclosing or choosing to disclose to you what you need to know. You're also being able to show in a legal sense that you didn't manage to trick somebody into coming in and working out with you against their will. It gives you enough information to ask more pointed questions and getting long form answers from them that allows them to communicate the nuance of a situation or a condition that they have so that you can better provide your service for them.

Lawrence: It's funny, isn't it? Because you want to strike that balance between asking enough questions and fruitful questions that it shows that you care and that adds value also to the client relationship, but then not making it so long that it creates friction that they won't actually do it.

Skyler: Right. And this goes for everything we do, right? Now that I have an employee, I mean I think we've talked about this, the rule of three and 10 when things break, but that's a whole other podcast. But now that we have an employee, things that I used to do may be a little bit more

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complex just because of my history and my experience with checking in with clients or talking with clients, those processes have now broken. One of the things that I'm having to do with my sort of longer term check-ins is actually ask fewer questions. I used to have up to five questions, which ideas taken from Discover Strength, asking all these big long questions. I've carved that down to three questions now because it was too much and it clearly relied on me and my gregariousness, which is not patting myself on the back, it's just part of who I am, to deliver this stuff and kind of a flow manner.

Skyler: Then I was watching my employee or I'm watching other employees, I could feel how that would be almost like, instead of being able to do it in the flow of a workout, it becomes, okay, I'm not going to switch into like check-in mode because of the structure of the questions, rather than having it be talking points of a freer flowing check-in. So, that's that. It's the same idea where you're trying to minimize-minimize when one minimize should have done just fine. It was a response Ralph Waldo Emerson, I think, said. Something like, simplify, simplify, and then somebody's followup was like, one simplify would have sufficed. It's kind of the same thing. I have too many questions. I got to cut them back. So this has been chipped away at a little bit over time.

Lawrence: Less is more. Yeah. Excellent. I like it. Yeah, no, it sounds good. Skyler, thanks so much again for taking the time. Just a short one today, relatively speaking, to talk about the intake form. Hopefully, people find this useful. I

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certainly will as we continue to develop our own forms here for our studio in Galway. So thanks again and I will talk to you soon.

Skyler: Awesome.