

PHYSICAL HEALTH AND MEDICAL HISTORY PROFILE

Note: All information on this form is private and strictly confidential. The sole purpose of this information is to aid me in applying appropriate exercise programs. Please fill out completely and to the best of your knowledge.

I. PERSONAL INFORMATION

Name: _____ D.O.B.: ____/____/____

Address: _____
City State Zip

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ E-mail Address: _____

II. EMERGENCY CONTACT INFORMATION

Contact: _____ Relation: _____

Phone #: _____

Physician's Name: _____ Phone #: _____

III. MEDICAL HISTORY

Please check off and explain any and all that apply

	Y	N	If yes, please explain
Allergies	_____	_____	_____
Anemia	_____	_____	_____
Arthritis	_____	_____	_____
Asthma	_____	_____	_____
Cancer	_____	_____	_____
Chest Pains / Palpitations	_____	_____	_____
Circulatory Problems	_____	_____	_____
Depression	_____	_____	_____
Diabetes	_____	_____	_____
Dizziness / Blackouts	_____	_____	_____
GI Tract Disorders	_____	_____	_____
Heart Attack	_____	_____	_____
Hernia	_____	_____	_____
High Blood Pressure	_____	_____	_____
High Cholesterol	_____	_____	_____
Kidney / Liver Problems	_____	_____	_____
Lung / Pulmonary Disease	_____	_____	_____
Migraines	_____	_____	_____
Neuromuscular Disease	_____	_____	_____
Osteoporosis	_____	_____	_____
Pregnancy	_____	_____	_____
Seizures	_____	_____	_____
Shortness of Breath	_____	_____	_____
Stroke	_____	_____	_____
Vertigo	_____	_____	_____

Orthopedic Injuries

Please check off and explain any and all that apply

	Y	N	If yes, please explain
Head	___	___	_____
Neck	___	___	_____
Shoulder	___	___	_____
Elbow	___	___	_____
Wrist	___	___	_____
Hand	___	___	_____
Back	___	___	_____
Hip	___	___	_____
Knee	___	___	_____
Ankle	___	___	_____
Foot	___	___	_____

Have you ever been hospitalized or had surgery within the last year? **Yes** **No**

If yes, when and for what reason? _____

Please list any medications that you are currently taking and their purpose.

I have provided all of the preceding information with honesty and to the best of my knowledge. Should any of this information change, I agree to inform as soon as possible.

Print Name

Signature

Date