Medical History Form

Medical History Form

Please fill out the information below - all of your answers are confidential, and will be used only to ensure the quality of your fitness program.

If you haven't already, please download the <u>consent form</u>, as well as the <u>policies form</u> (for those registering for the Mom's class, download <u>this version</u> of the policies form).

Name *	
First Last	
	•
Address *	
Street Address	
Address Line 2	
	Maryland ▼
City	State
Zip Code	
Email *	Diama Namata da
Lindi	Phone Number *
	(###) ### ####
Date of Birth *	Height and Weight *
MM DD YYYY	Height Weight
	weight weight
Emergency Contact *	Emergency Contact Phone Number *
- Indigential Control	Emergency Contact Phone Number *
	(###) ### ####
Physician's Name *	
Full Name	
Physician's Address *	
Street Address	
treet Address	
Address Line 2	
Sity	Maryland ▼ State

Zip Code Physician's Phone Number * **Date of Your Last Exam** (###) ### #### Are you currently under a doctor's care? Yes No If yes, please explain why: **Medical History** Have you ever been diagnosed with heart problems? Yes No Do you have excessive trouble breathing during times of exertion? Yes No Do you ever have pains in your heart and chest? Yes No Has a doctor ever said your blood pressure was too high? Yes No Do you smoke? If no, did you ever smoke? Yes No Do you have diabetes mellitus?

Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?

YesNo

	Yes
0	No
	ve you a history of any condition, e.g. hernia, that may be aggravated by lifting weights?
	Yes
0	No
	there a good physical reason not mentioned here why you should not follow an activity gram even if you wanted to?
0	Yes
0	No
Are	you over age 65 and not accustomed to vigorous exercise?
0	Yes
0	No
Are	you pregnant?
0	Yes
0	No
If y	ou are pregnant, have you received medical clearance for increased physical activity?
0	Yes
0	No
Are	you on any medications?
0	Yes
0	No
If y	res, please list:
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2) North and Decoration of the Control of the Contr	
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	tany injuries, past or present, or limiations that may affect your exercise program. (e.g. rack pain, cartilage tear, broken collarbone, etc.)
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Willers and an option (1)	
*constitutions	
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Selection and the	
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Do	
	you like to exercise?
	Yes
0	No
Are	you currently exercising?
0	Yes
0	No
Tf \	yes, what physical activities are you doing? How often?
	(au) mar prijonal activities are yet activities are
- Security of the second	
NG makeyoodd wa	
description of	
g primare and all the	
S (C)	
LI ~	ve you ever exercised regularly?
	Yes
rolle.	
())	No
If y	res, list your reasons for stopping.
Self-medit (disease)	
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A SECURITY OF THE SECURITY SEC	
Are	your family/friends/co-workers willing to exercise with you?
	your family/friends/co-workers willing to exercise with you? Yes
0	
0	Yes No
() () () ()	Yes No they encourage you to exercise?
(a) (b) (b)	Yes No they encourage you to exercise? Yes
(a) (b) (b)	Yes No they encourage you to exercise?
○Do○○○	Yes No they encourage you to exercise? Yes
○Do○○○	Yes No they encourage you to exercise? Yes No

activity?	ig your work day when you might use 20-30 minutes for physical
Yes	
○ No	
Have you ever attended a gro	oup exercise class?
Yes	
No	
If yes, what type of class/es?	P How many per week? For how long?
r refur 1275 december de la Colo 150 de la Colo 150 de la december de pelor respetto, compleme se aprez y presente a esta de la communificial december de december de personale.	
What are your short term and	l long term fitness goals?
Made des como de esta d	
Have you ever used a persona	al trainer?
② Yes	
No	
If yes, when? Where? How lo	ong?
et ett av av engemelende ein kante eine av kalla kanna eine in kinne stadenskal valende engemen en vendende va	
List your reasons for stopping	j :

Do you have access to exercise equipment in your home?							
② Yes							
No No ■ No							
If yes, wha	t type of equipment do	you have and o	io you use the	equipment?			
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If no, woul	d you like to purchase	equipment?					
② Yes							
○ No							
	nment on anything tha a more comfortable ex			your exercise p	rogram or help		
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Submit							