

BodyCentric Fitness

Health History

Name _____ Date _____

Address _____

Telephone: Home _____ Cell _____ Work _____

E-Mail Address _____

Birth Date _____ Age _____ Sex M F

Emergency Contact _____ Phone _____

Physician Name _____ Phone _____

Physician address _____

Date of last physical _____ Stress test? _____ Date _____ Comments _____

Goals _____

Do you know or have had any of the following? Please CHECK

___ Family history of heart or vascular disease

___ Cigarette smoking

___ Hypotension (low blood pressure)

___ Osteoporosis/Osteopenia

___ High blood pressure (= or >140/90 mmHg)

___ Diabetes

___ Stroke

___ Dizziness/Fainting

___ High cholesterol (>200 mg/dl)

___ Unusual fatigue

___ Heart palpitation/irregular rhythm

___ Known heart murmur

___ Pain/discomfort in chest especially upon exertion

___ Reflux disease

___ Renal or liver disease

___ Thyroid condition

___ Cramping pain/weakness in legs

___ Ankle edema (swelling)

___ Respiratory (Asthma/emphysema)

___ Immune disorder

___ Shortness of breath/difficulty breathing

___ Cancer

___ Chronic gastrointestinal condition

___ Hypoglycemia (low blood sugar)

___ Women premature menopause without estrogen therapy

___ Eating disorder

___ Sedentary lifestyle

___ Rheumatoid arthritis

___ Osteoarthritis

___ Low back pain/sciatica/scoliosis

___ Neck pain

___ Shoulder pain/impingement

___ Headaches

___ Sleep disorder

___ Currently pregnant ___ # of weeks

___ Number of children

___ Anxiety

___ Depression

___ High stress job/lifestyle

___ Allergies _____

___ Chronic illness _____

___ Orthopedic conditions _____

___ Surgeries _____

___ Hospitalizations _____

___ Current pain _____

Please explain health or medical conditions:

Please list any current medications and supplements taken:

I attest and certify that all the above information is true and complete to the best of my knowledge and I will inform BodyCentric Fitness if my condition or health changes.

Client Name: _____ Client signature: _____

Date: _____