

## Confidential Health Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Physician: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

YES NO

\_\_\_ \_\_\_ Have you ever had professional massage, bodywork or personal training? Please describe.

\_\_\_ \_\_\_ Do you exercise regularly or participate in any sports or outdoor activities? If yes, what and how often? What other ways do you relieve stress?

\_\_\_ \_\_\_ Do you take any medication? If yes, please list dosage and condition.

\_\_\_ \_\_\_ Do you have any skin problems or allergies? If yes, please describe.

\_\_\_ \_\_\_ Have you ever had surgery? If yes, please describe.

\_\_\_ \_\_\_ Have you ever had cancer? If yes, please describe.

\_\_\_ \_\_\_ Have you ever had heart problems? If yes, please describe.

\_\_\_ \_\_\_ Do you have high blood pressure? If yes, please describe.

\_\_\_ \_\_\_ Do you have varicose veins, edema, blood clots or any other circulatory problem? If yes, please describe.

\_\_\_ \_\_\_ Do you have diabetes? What type? If yes, how is it controlled?

\_\_\_ \_\_\_ Do you have arthritis? What type and where?

\_\_\_ \_\_\_ Do you have spinal problems? If yes, please describe.

\_\_\_ \_\_\_ Do you experience periods of depression or any other emotional difficulties? If yes, please describe.

\_\_\_ \_\_\_ Do you have an infectious or contagious disease? If yes, please describe.

\_\_\_ \_\_\_ Are you experiencing sleep disorders at this time?

\_\_\_ \_\_\_ Are you pregnant? If so when's your due date?

\_\_\_ \_\_\_ Do you wear contact lenses? What type?

\_\_\_ \_\_\_ Do you wear dentures or hearing aids?

\_\_\_ \_\_\_ Do you have any needs that require special attention? If yes, please describe.

\_\_\_ \_\_\_ Do you have any other medical condition that I should be aware of? If yes, please describe.

I understand that personal trainers do not diagnose illness, disease or other physical or mental disorders. They do not prescribe medical treatment. This training is not a substitute for medical examination or diagnosis and it is recommended that I see a physician for any physical ailment. I have stated all my known medical conditions and take it upon myself to keep Paul Scott and Gloria Mondragon updated on my physical health.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_