

The Training Studio Bootcamps

MEDICAL HISTORY QUESTIONNAIRE

NAME: _____ AGE: _____

BIRTHDATE: _____

ADDRESS: _____

PHONE (____) _____ E-MAIL: _____

OCCUPATION/TITLE: _____

WORK PHONE: (____) _____

PHYSICIAN: _____

ADDRESS: _____

PHONE :(____) _____

WHEN WAS YOUR LAST PHYSICAL WITH THIS PHYSICIAN? _____

Have you ever experienced any of the following?

YES NO

YES NO

Heart attack _____ Chest pains _____

High cholesterol _____ Frequent dizziness _____

Shortness of breath _____ Diabetes _____

High blood pressure _____ Do you smoke? _____

Please explain "yes" answers (use back of sheet if you need more room): _____

Do you have a family history (parents, brothers, sisters, grandparents) of any of the above? If yes, please explain:

Have you been diagnosed with osteoporosis or osteopenia?

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Do you have any old injuries, weak joints or tendons, or other similar problem areas you would like your trainer to know about before developing a program for you? If yes, please explain:

Has your physician advised you to avoid any types of exercise? If yes please explain:

Have you had surgery to repair a joint, a major organ or to remove a cancer? If yes, please explain.

Is there any type of exercise (or exercise position) which causes you pain or discomfort?

Please list any medications you are currently taking:

Is there anything else regarding your medical history or personal limitations you would like your trainer to know before he/she develops your program? (Please include here any type or form of exercise you prefer not to do in your exercise sessions).

In case of an emergency, who might we contact on your behalf?

Name: _____

Relationship to you: _____

Home phone: _____

Cell phone or other contact number: _____

I certify that I have filled out both sides of this form with regard to my physical condition to the best of my knowledge, and all physical conditions that might affect my exercise program have been stated. I also certify that I will inform my trainer when/if any of the above information changes.

Name

Date