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## Personal Medical History Survey

Name: \_\_\_\_\_

Local phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Local address: \_\_\_\_\_

Today's date: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

1. Have you ever been diagnosed as having: (Check all that apply)

	Never	In past	Presently
A. Heart disease	_____	_____	_____
B. Rheumatic fever	_____	_____	_____
C. High blood pressure	_____	_____	_____
D. Other vascular disorders	_____	_____	_____
E. Diabetes or Low Blood Sugar	_____	_____	_____
F. Kidney disease	_____	_____	_____
G. Asthma	_____	_____	_____
H. Neurological Disorders (Parkinson's, MS, etc.)	_____	_____	_____
I. Chronic bronchitis	_____	_____	_____
J. Arthritis of the spine, hips, knees or ankles	_____	_____	_____
K. Osteoporosis	_____	_____	_____
L. Clinical depression	_____	_____	_____
M. Other:	_____	_____	_____

2. Please indicate any surgery that you have undergone and the approximate dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please indicate recent (past 12 months) illnesses or major injuries that you have had and approximate dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please list any and all medications (prescription and non-prescription) that you are presently taking:

<b>Medication</b>	<b>Dosage</b>	<b>Dosage per day</b>
A _____	_____	_____
B _____	_____	_____
C _____	_____	_____
D _____	_____	_____
E _____	_____	_____
F _____	_____	_____

5. Do you smoke? \_\_\_\_\_ Packs per day? \_\_\_\_\_ Smokeless tobacco? \_\_\_\_\_

6. Describe your present exercise and/or physical activity program (the activity, amount per day, days per week, and the length of time you have been training at this level).

<b>Activity</b>	<b>Minutes/day</b>	<b>Days/week</b>	<b>Weeks of participation</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Do you have any other medical conditions or concerns which should be noted? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Location: \_\_\_\_\_

TRAINER'S NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_