

Mind & Body

by Robbie S. Cutler, MS LMHC, NASM CPT
850-913-8313



Health History:

name: _____ date: _____ dob: _____

age: _____ height: _____ weight: _____

Emergency information: list a relative or friend whom we can contact in case of emergency:

contact name/relationship: _____ phone: _____

physician's name: _____ phone: _____

Do you have or have you had any of the following: (circle all that apply)

anemia asthma diabetes high blood pressure pulmonary disease kidney disease fibromyalgia

heart disease arthritis fainting spells back/leg pain poor vision knee pain poor hearing

shoulder pain ankle pain swelling of hands/feet osteoporosis

cancer: type: _____ heart attack cardiac pacemaker

stroke heart surgery irregular heart rhythms

other heart problems: _____

please describe any conditions that are circled:

please list medications you are currently taking:

name of medicine:

reason for use:

_____	_____
_____	_____
_____	_____

have you had any surgeries/injuries/orthopedic problems, any other conditions that would limit ability to exercise? if so, please describe: _____

have you had any injuries that have required physical therapy or chiropractic services? if so, please describe: _____

do you smoke? ___ yes ___ no are you a former smoker? ___ yes ___ no quit date _____

history of smoking behavior:

do you drink alcohol? ___ yes ___ no

history of drinking behavior:

I attest that the information I have given is correct and agree that I am physically able to participate in an exercise program.

Signature

Date