# 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, ankles | ☐ | ☐ | ☐ |
| k. Osteoporosis | ☐ | ☐ | ☐ |
| l. Clinical depression | ☐ | ☐ | ☐ |
| m. Other: | ☐ | ☐ | ☐ |

2. Please indicate any surgery that you have undergone and the approximate date(s):

_____

_____

_____

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

_____

_____

_____

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

| | Medication | Dosage | Dosage per day |
|---|---|---|---|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |

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).

| Activity | Minutes/Day | Days/Week | Weeks of Participation |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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: _____

_____

_____

_____

_____

_____