Medical History Form



Haart Conditions High Blood Pressure High Chloesterol* Dizziness/Fainting Dizziness/F	Date of	f Birth:	Age:		Community Hosp Fitness Pointe®
If yes, please describe: Do you have any medical conditions? (Please circle) If yes, please check appropriate conditions which apply to you: Heart Conditions Heart Attack Heart Attack Heart Attack Heart Murmur EKG Abnormalities Cardiac Surgery Palpitations Chest Pains Stroke Family History of Heart Disease* Family History of Heart Disease* Provide a brief explanation of ALL conditions checked above: List ALL Medications: Name of Medication Purpose Name of Medication Purpose **** MANDATORY INFORMATION NEEDED *** Emergency Contact (Name): City: Phone: I attest that the questions on this Medical History Form have been answered accurately, and give Community Hospital Fitness Pointe* permission to contact my physician concerning "checked" conditions, which require additional information. I understand that Fitness Pointe* has the authority to make the final decision regarding my membership. Parent or Legal Guardian's Signature (If under 18) FITNESS POINTE STAFF USE ONLY	ne (PLEASE PRINT):				
Heart Conditions	-	spitalizations within	the last year? (Plea	ase circle) Ye	s No
Heart Conditions	Do you have any medical co	nditions? (Please cire	cle)	Ye	s No
Heart Attack Heart Murmur EKG Abnormalities Cardiac Surgery Palpitations Chest Pains Stroke Family History of Heart Disease* Provide a brief explanation of ALL conditions checked above: List ALL Medications: Name of Medication Name of Medication Purpose *** MANDATORY INFORMATION NEEDED *** MANDATORY INFO	If yes, please check appropri	iate conditions whic	h apply to you:		
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Heart Attack High Cholesterol* Dizziness/Fainting Joint Pain/Injury*	Heart Conditions	High Bl	ood Pressure	Cigarette Smo	king*
Heart Murmur EKG Abnormalities Leg Cramps with Exercise Ankle Swelling Palpitations Leg Pain (PAD) Shortness of Breath Asthma* Bursitis* Pregnant					
Cardiac Surgery Palpitations Leg Pain (PAD) Shortness of Breath Askhma* Bursitis* Bursitis*				+	
Palpitations Chest Pains Stroke Shortness of Breath Arthritis* Bursitis*	EKG Abnormalities	Leg Cram	ps with Exercise		<u> </u>
Palpitations Chest Pains Shortness of Breath Asthma* Bursitis*	Cardiac Surgery	Ankl	le Swelling	Back Pain/Inj	ury*
Stroke Asthma* Bursitis*		Leg	Pain (PAD)	Recent Therapy	Services
Exercise Induced Asthma Pregnant	Chest Pains	Shortn	ess of Breath	Arthritis*	*
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