

Medical History Form



Date: _____ Date of Birth: _____ Age: _____

Name (PLEASE PRINT): _____

STEP 1 - SYMPTOMS ASSESSMENT

Select any/all current symptoms you are experiencing:

<input type="checkbox"/>	Chest discomfort with exertion
<input type="checkbox"/>	Unreasonable breathlessness
<input type="checkbox"/>	Burning or cramping sensations in your lower legs when walking short distances
<input type="checkbox"/>	Dizziness, fainting, blackouts
<input type="checkbox"/>	Ankle swelling (with another symptom)
<input type="checkbox"/>	Unpleasant awareness of a forceful, rapid or irregular heart rate

STEP 2 - CURRENT PHYSICAL ACTIVITY

Do you perform/participate in planned, structured physical activity for at least 30 minutes at moderate intensity on at least 3 days per week for at least the past 3 months?

_____ Yes _____ No

STEP 3 - MEDICAL CONDITIONS

Select any/all medical conditions that you have HAD or currently HAVE:

<input type="checkbox"/>	Heart attack	<input type="checkbox"/>	Heart transplantation
<input type="checkbox"/>	Heart surgery, cardiac catheterization or coronary angioplasty	<input type="checkbox"/>	Congenital heart disease
<input type="checkbox"/>	Pacemaker/implantable cardiac defibrillator/rhythm disturbance	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Heart valve disease	<input type="checkbox"/>	Renal disease (kidney disease)
<input type="checkbox"/>	Heart failure		

STEP 4 - MANDATORY INFORMATION NEEDED

Emergency Contact (Name): _____ Contact Number: _____

Physician's Name: _____ (If you DO NOT have a PHYSICIAN - write N/A)

City: _____ Phone: _____

I attest that the questions on this Medical History Form have been answered accurately and give Community Hospital Fitness Pointe permission to my provider concerning "checked" conditions, which require additional information.

I agree to and understand that for my safety, Fitness Pointe will have the authority to make exercise recommendations/restrictions and decisions based on industry best practices.

I agree that I am voluntarily sharing the above information for Fitness Pointe membership information only.

Applicant's Signature

Parent or Legal Guardian's Signature (If under 18)

FITNESS POINTE STAFF USE ONLY

Approved: _____ Date: _____

TURN OVER

