

MEDICAL HISTORY

This medical history form will assist our trainers and therapists in evaluating your current level of fitness and general health. All information will be kept confidential, will be available only to the trainers and therapists of Life Personal Fitness and will be used solely in conjunction with planning and developing fitness programs and massage treatments for you.

NAME: _____ **DOB:** _____

ADDRESS: _____

E-MAIL: _____

PH: _____ (m) _____ (h) _____ (w)

EMERGENCY CONTACT DETAILS

Name: _____ **Ph:** _____

MEDICAL PRACTITIONER DETAILS

Name of GP: _____ **Ph:** _____

Describe your typical daily activities (eg sitting, heavy lifting).

Please provide full details of any medication you are currently taking (including herbal and alternative therapies).

Do you smoke? If yes, approximately how many cigarettes per day?

Are you pregnant or do you intend to fall pregnant in the near future?

Have you ever been advised by a doctor to avoid any type of exercise?

Provide full details of any injuries you have ever suffered in a car, sporting, workplace or any other type of accident.

Have you ever suffered pain or discomfort when exercising? Please provide full details.

Do you have a family history of problems associated with physical exercise?

Please provide details of your current level of exercise or physical activity.

Have you ever had problems with any of the following?

Respiratory system (eg asthma)

Cardio – Vascular system (eg blood pressure, cholesterol, heart disease)

Auto-immune disorders (eg chronic fatigue, fibromyalgia)

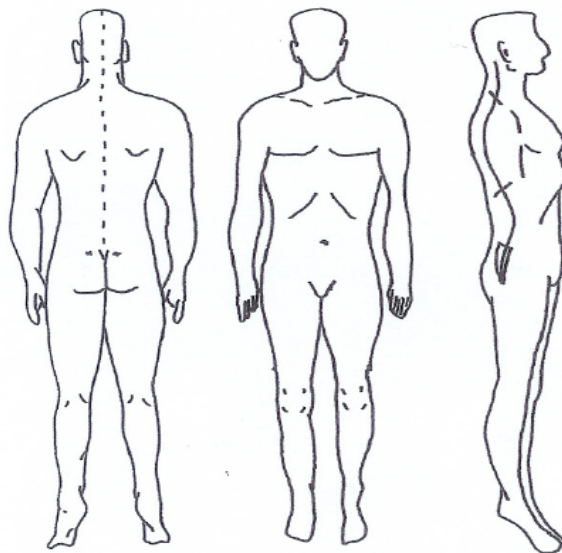
Skin conditions (eg eczema, psoriasis)

Operations (eg, organs, joints etc)

Muscular system (eg pain, strains, tears)

Skeletal system (eg fractures, bone deformities)

Please circle areas that cause you pain or discomfort on the diagram below:



The information submitted of this medical history form is true and complete to the best of my knowledge.

I understand that any wrong or incomplete information could result in a less effective program, and may cause injury.

Signature: _____ Date: _____