Name:_____

Ht.:_____ Wt.:_____ Gender:_____

Age:_____ Birth Date:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____

Emergency Contact:_____

Phone:_____

Email:_____

Why are you here? (circle as many as applicable)
a) Sport or recreational injury

b) Non-injury pain/symptoms

c) Performance enhancement

d) General fitness

e) Flexibility/Mobility

f) Stress reduction

g) Strength

h) Spiritual growth

i) Improved balance

j) Mindfulness/meditation

k) Breathing

Do you exercise regularly?

What types of activities do you participate in for exercise and/or for fun?

Do you have a spiritual life?

Do you meditate?

What physical activities did you enjoy as a child?

What would you love to be able to do?

List some of your super heroes or people you admire from any setting:

Which are you?
Four Tendencies distinguishes how people tend to respond to expectations, both outer expectations (going to a doctor's appointment, answering a request from a friend) and inner expectations (practicing guitar, going for a daily run)

• "Upholders" respond readily to outer and inner expectations. They keep the work deadline, and the New Year's resolution, fairly easily.

• "Questioners" question all expectations; they'll meet an expectation if they think it makes sense and meets their own inner standards — so they follow only inner expectations

• "Obligers" meet outer expectations, but struggle to meet expectations they impose on themselves. An Obliger journalist has no trouble writing when he has an editor, colleagues, and deadlines, but struggles to write a novel in his free time.

• "Rebels" resist all expectations, outer and inner alike. They want to do what they want, in their own way, and if you ask or tell them to do something, they're likely to resist.

1. Have you ever had a definite or suspected heart attack or stroke?
2. Have you ever had coronary bypass surgery or any other type of heart surgery?
3. Do you have any other cardiovascular or pulmonary (lung) disease (other than asthma, allergies, or mitral valve prolapse)?
4. Do you have a history of: diabetes, thyroid, kidney, liver disease (circle all that apply)
5. Have you ever been told by a health professional that you have had an abnormal resting or exercise (treadmill) electrocardiogram (EKG)?
6. Do you currently have any of the following:

a. pain or discomfort in the chest or surrounding areas that occurs when you engage in physical activity?
b. shortness of breath c. unexplained dizziness or fainting?
c. difficulty breathing at night except in upright position?
d. swelling of the ankles (recurrent and unrelated to injury)
e. heart palpitations (irregularly or racing of the heart on more than one occasion)
f. pain in the legs that causes you to stop walking (claudication)
g. known heart murmur?
h. Have you discussed any of the above with your personal physician?

7. Are you pregnant or is it likely that you could become pregnant at this time? If yes, what is your expected due date:_____

8. Have you had surgery or been diagnosed with any disease? If yes, please list date:_____ and surgery/disease:_____

10. Do you have any scars from past injuries?
11. Have you ever had a cortisone injection?
12. Have you ever been intubated or under anesthesia?
13. Do you have TMJ or issues with jaw clenching?
14. Do you have pain in your jaw?
15. Do you grind your teeth at night?
16. Have you ever had a hernia?
18. Do you have a history of any traumatic events?
19. Have you ever been diagnosed with pelvic floor dysfunction?
20. Do you experience incontinence with exercise - sneezing, jumping?
21. Have you ever given birth? How many children?
22. Have you had a c-section with childbirth?
23. Do you wear glasses/contact lenses?
24. Do you where monovision contact lenses? (one contact for near, one for far)

25. Do you have symptoms of dizziness, vertigo, or difficulty balancing?
26. Have you ever had a head injury?
27. Have you ever been diagnosed with a concussion?
28. Have you noticed any decline in your balance?
29. Do you have chronic spinal issues?
30. Is your neck stiff/tight?
31. Are you sensitive to spinning or exercises involving rotation?
32. Do you ever get motion sickness?
33. Are you sensitive to altitude changes? Pressure changes?
34. Do you experience any sensitivity when quickly moving from seated to a standing position?
35. Do you have difficulty looking up or down?
36. Do you have any known hearing issues?
37. Have you ever been in any car accidents? If yes, please describe injuries

38. Have you ever played collision sports? Football, hockey, soccer, etc…
39. Do you ever experience ringing or buzzing in the ears?
40. Do you take any over the counter pain medications?
41. Please list below all prescription and over-the-counter medications you are currently taking:
    Medicine: Reason for taking: Dosage:

42. Are there any medicines that your physician has prescribed to you in the past 12 months that you are currently not taking?
43. Please list all major illnesses, injuries, accidents/traumas, surgeries, and dental procedures that you have had in order from childhood to present. Please date each if possible:

44. Rate your current stress level on a scale of 1-10 (10 being highest): _____

45. Please explain current, major stressors in your life:

46. I have answered the Health History Questionnaire questions accurately and completely. I understand that my medical history is a very important factor in the development of my fitness/wellness program. If any of the above conditions change, I will immediately inform my instructor. I, knowingly and willingly, assume all risks of injury resulting from my failure to disclose accurate, complete, and updated information in accordance with the attached questionnaire.

Client's Signature: X_____ Date:_____