

TrainWithJess.com

MEDICAL HEALTH HISTORY

NAME: _____ **DATE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: () _____ () _____

EMAIL: _____ **BIRTHDAY:** _____

1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? YES NO
2. Do you feel pain in your chest when you perform physical activity? YES NO
3. In the past month, have you had chest pain when you were not performing any physical activity?
YES NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
YES NO
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?
YES NO
7. Do you know of any other reason why you should not engage in physical activity? YES NO

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

8. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)?
(if yes, please explain) _____

9. Have you ever had any surgeries? (if Yes, please explain) _____

10. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, high blood pressure, high cholesterol, or diabetes? (If yes, please explain) _____

11. Are you currently taking any medications? (If yes, please explain) _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

PHYSICIANS NAME: _____ **PHONE:** _____

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National Academy of Sports
Medicine, Certified Personal
Trainer

Certified Pilates Reformer

Instructor

Certified Fitness and Sports

Nutritionist