MEDICAL HISTORY

Name_________________________________ Date ________________

Address_________________________________ Home Phone__________

Employment____________________________ Work Phone__________

Cell Phone____________________ Email Address____________________

Age______ Date of Birth _______________ Sex: ☐ Female ☐ Male

Physician's Name ________________________ Phone ______________

Physician's Address____

Emergency Contact _______________________ Phone ______________

Weight _______ Height______ Blood pressure_______ Pulse _________

Cholesterol _____________________________ Triglycerides_________

Do you now, or have you had in the past:

	YES	NO
1. Heart Disease	☐	☐
2. Stroke	☐	☐
3. Chest pain or shortness of breath	☐	☐
4. Dizziness or fainting	☐	☐
5. Increased blood pressure	☐	☐
6. Recent surgery (last 12 months)	☐	☐
7. Pregnancy (now or within last 3 months)	☐	☐
8. Breathing or lung problems	☐	☐
9. Muscle, joint or back disorder, or any previous injury still affecting you	☐	☐
10. Thyroid condition	☐	☐
11. Cigarette smoking habit	☐	☐

	YES	NO
12. Increased blood cholesterol or triglycerides	☐	☐
13. History of heart disease, diabetes, stroke, or high blood pressure in your immediate family	☐	☐
14. Hernia	☐	☐
15. Diabetes	☐	☐

If yes, how is it controlled?
☐ Diet ☐ Insulin Injections ☐ Oral meds ☐ Uncontrolled

16. Please list any other medical problems that were not listed above, and provide details on any conditions: ___________________________

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17. How often would you characterize your stress level as being high?
☐ Occasionally ☐ Frequently ☐ Constantly

18. When was your last complete physical with your doctor?

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19. Please list all medications you are currently taking (include official name, dosage, frequency):

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I acknowledge, to the best of my ability, that I am in good health and have no known medical problems (other than noted above) that would restrict my ability to increase my physical activity level.

Signed____________________________________ Date________________

Alive & Well Hold Harmless & Consent

Hold Harmless: I agree to hold harmless Alive & Well, LLC, Paula Ruiz, and Kerry Ruiz from all liability arising out of exercise that includes, but not limited to muscle strains, tears, pulls, broken bones, miscarriages, death, and all illness, or loss of my personal property.

Disclaimer: Neither Alive & Well, LLC nor Paula Ruiz or Kerry Ruiz are licensed medical care providers and represent that they have no expertise in diagnosing, examining, or treating medical conditions of any kind, or in determining the effect of any specific exercise on a medical condition. Alive & Well, LLC, Paula Ruiz, and Kerry Ruiz are not prescription systems and are not intended to be a substitute for professional medical advice, diagnosis, or treatment.

Limitation of Liability: Alive & Well, LLC, Paula Ruiz, and Kerry Ruiz are neither responsible nor liable for any direct, indirect, incidental, consequential, special, exemplary, punitive, or other damages arising out of or relating in any way to the services provided by Paula Ruiz or Kerry Ruiz.

I, ____________________________________, understand the risks involved with participating n exercise and may attest that I am in sound physical condition. I further agree to all conditions of registration, including, but not limited to, the no refund policy.

_____________________________________ ___________________________

Signature Required *Date*

Physical Activity Readiness Questionnaire (PAR-Q)

Being active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active. Answering the questions below will tell you if you need to talk with your doctor before you increase your physical activity. If you are over 69 years of age, and you are not used to being active, you should discuss your activity plans with your doctor. Please read the questions below and check the most appropriate response.

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

If you answered yes to one or more questions:

✓You need to discuss your activity plans with your doctor <u>before</u> increasing your activity. Alive & Well will need medical clearance from your physician before we can begin your exercise training. You can obtain medical clearance by visiting your doctor, or by faxing or mailing him a copy of this questionnaire along with a medical consent form.

If you answered no to the above questions:

✓You should be ready to increase your physical activity gradually.

Name______________________ Date__________ Age_____