JUPITER MEDICAL CENTER

Cary Grossman
Health & Wellness Center

Health History Questionnaire

Name____ Date ____

Address ____ JMC Team Member___________ Auxiliary___________

City_________________________ Zip_______________ Phone ____

Birthdate____/____/_____ Male __ Female ___ Email____

Emergency Contact___________________________ Emergency Contact Phone _______________________

Please answer the following, as they apply to you, by checking the appropriate box:

Y	N	
		Heart attack - date ___________
		Physician diagnosed heart trouble
		* irregular heart beat
		* heart murmur
		* heart valve problems
		* rheumatic heart disease
		* angina
		High Cholesterol level___________
		date tested___________
		Pregnant: Due date___________
		Hypertension - Is it controlled ___________

Y	N	
		Chronic recurrent cough
		Low blood pressure (ie 90/50)
		Fibromyalgia
		Osteoporosis
		Have you ever smoke? How long________
		Do you presently smoke. How much______
		Stroke- date___________
		COPD- emphysema,
		Diabetes - is it controlled?___________
		Cancer - under current treatment
		Bone/Joint/Fracture disorder

Y	N	
		Gout
		Hernia
		Phlebitis
		Epilepsy
		Anemia
		Arthritis
		Back pain
		Bursitis
		Other:

FAMILY HISTORY

MEMBERS have had or currently have the following conditions:

___ Heart attack ___ Angina ___ Heart failure ___ Angioplasty

___ Heart surgery ___ Vascular disease ___ Stroke ___ High cholesterol

PERSONAL HISTORY (SURGERY)

___ Back surgery / date___________ ____ Heart surgery / date__________

___ Joint surgery / date___________ Other__________________________

Please list any medication/supplements that you are currently taking (name and reason):

____

____

Please list any food or drug allergies:____

ACTIVITY STATUS

Do you engage in a structured exercise program? Yes ___ No ___ If yes, # days a week___ # of minutes a day ___

My exercise includes:____

PERSONAL HEALTH GOALS

Consider your own health goals and check the box next to the goals that are important to you.

- [ ] Improve strength
- [ ] Improve flexibility
- [ ] Improve cardiovascular fitness
- [ ] Continue to rehabilitate injury
- [ ] Gain weight/muscle
- [ ] Improve muscle tone and shape
- [ ] Lose weight/inches *(circle one or both)*
- [ ] Increase energy
- [ ] Injury prevention
- [ ] Reduce stress

______________________________ ______________________

Signature Date

Comments: