BalancedStrength
BY CHRISTINE KWOK

Name ______________________________________ Birth date ____________________

Mailing address _____________________________ Daytime phone # __________________

_____________________________ Evening phone # __________________

E-mail address ____

Would you like to opt-in to our e-mail distribution list? Yes No Free weekly health tips via text? Yes No

What are your health and fitness goals? ____

____

What are (or could be) the obstacles that keep you from meeting those goals? ________________

____

<u>Health History</u>

Please circle your answers to the following questions.

1. Do you smoke? Yes No If yes, how many per day? ___________
2. Do you consume alcohol? Yes No If yes, how many drinks per week? ________
3. Have you suffered from any orthopedic injuries in the past five years? (e.g. sprains, strains, fractures, etc.) _______

   If yes, please explain what and when. ____

   ____

3. Have you ever been diagnosed with:
   a. High blood pressure Yes No
   b. Diabetes Yes No If yes, Type I or Type II (circle one)
   c. Abnormal heart rhythm Yes No
   d. Abnormal EKG Yes No
   e. Hypo-/Hyperglycemia Yes No
4. Are you currently taking any prescription or herbal medication? Yes No

   If yes, please list. ____

5. **Women**: Are you currently pregnant? Yes No If yes, how many months? ________
6. Are there any other conditions that you currently or have suffered from? ____________________

If you answered yes to any of the above questions, please provide your treating physician's contact information.

Physician's name ______________________________ Phone # ______________________

Fax # __________________________________

At your coach's request, is it OK to contact the above physician regarding your condition(s)? Yes No

I agree that I have answered all of the above questions honestly and accurately, and will inform my coach/consultant of any changes to my health status and any new injuries that I may incur.

Signature ____ Date ____________________