

Health History

Check any of the following that apply to your health (currently or in the past):

Heart Condition- *if yes specify*

High Blood Pressure or on Blood Pressure Medicine

Cardiac Surgery – *if yes, what kind and when*

Pain in your chest while doing physical activity

Diabetes

Respiratory Disease/Illness _____ (type)

Cancer _____ (type)

Parkinson's Disease

Multiple Sclerosis

Stroke- *when and how affected*

Arthritis (Type: Osteo Rheumatoid)

Post-Polio Syndrome

Muscular Dystrophy

Ataxia

Chronic Dizziness

Morbid Obesity

Visual Impairment

Autism

Spinal Muscular Atrophy

Neuropathy

Lymphedema or swelling in the extremities

Osteogenesis Imperfecta

Cerebral Palsy

Spina Bifida

Epilepsy or Seizure Disorder

Date of most recent: ___/___/___

Brain Injury

Shunt

Any other chronic medical condition

Orthopedic Surgery – type and date

Any bone or joint problems that limit you from engaging in physical activity- if yes specify

Currently Pregnant

Other _____

Amputation- level _____

Prosthesis Yes No

Spinal Cord Injury

Level _____ Complete Incomplete

Learning or emotional disability

Incontinence

On a bladder management program

On a bowel management program

Current pressure sore(s)

Current open wound(s)

Seizure in past 6 months

Medications (prescription and over the counter)

Allergies: _____

Will a caregiver or family member be attending with you? Yes No

Do you use a walker, cane or wheelchair to get around inside the home or in the community? Yes No

Are you currently receiving Physical therapy or Occupational Therapy? *If yes, please explain*

All new members undergo an initial fitness orientation with one of our Trainers where individual goals and expectations are assessed and discussed. Our staff will develop and assist in the management of a customized exercise plan specifically designed to meet the needs of our members. If it is determined that an individual's personal fitness goals exceed their ability to operate independently and safely, or if they will require the constant assistance of a Chapter 126 staff member, we would recommend scheduling Personal Training sessions (for an additional fee) in order to ensure the one-on-one time is reserved just for you. _____ (please initial)

