Progressive Fitness, LLP

Medical/Health History

Name:______________________________ Age: _____ Date: ___________ Physician:_________________________

Address: ____ Physician Phone: ___________________

Day Phone: _________________________ E-mail: _____________________ Physician Fax: _____________________

Present and Past History

Do you now have, have you recently experienced, or have you ever had: (check in front of those questions to which you answer yes, leave others blank)

- ☐ Heart attack, bypass, or other cardiac surgery
- ☐ Peripheral vascular disease
- ☐ High Blood Pressure (above 140/90)
- ☐ High LDL or Low HDL cholesterol levels
- ☐ Unusual shortness of breath
- ☐ Light headedness or fainting
- ☐ A chronic recurrent cough
- ☐ Stomach or intestinal problems
- ☐ Migraine or recurrent headaches
- ☐ Limited range of motion in joints
- ☐ Fatigue, lack of energy
- ☐ Swollen, stiff, or painful joints
- ☐ Increased anxiety or depression
- ☐ Extra, skipped or rapid heart beats/palpitations
- ☐ Do you now or have you in the past 6 months, smoked
  If yes, how much?

- ☐ Diabetes
- ☐ Phlebitis, emboli
- ☐ Low Blood Pressure
- ☐ Heart murmurs
- ☐ Ankle swelling
- ☐ Bronchitis
- ☐ Pneumonia
- ☐ Trouble sleeping
- ☐ Arthritis
- ☐ Knee problems
- ☐ Ulcers
- ☐ Cold hands or feet
- ☐ Anemia

- ☐ Stroke
- ☐ Rheumatic fever
- ☐ Chest discomfort
- ☐ Bursitis
- ☐ Epilepsy, seizures
- ☐ Emphysema
- ☐ Shoulder problems
- ☐ Foot problems
- ☐ Broken bones
- ☐ Back problems
- ☐ Hernia
- ☐ Neck problems
- ☐ Emotional Disorders

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

1. Please list any prescribed medications you are now taking:

2. Please list any over the counter medications or dietary supplements you are now taking:

3. Please list any illnesses, hospitalizations, or surgical procedures within the past two years:

4. Please list any drug allergies:

FAMILY MEDICAL HISTORY

Have any of your blood relatives had any of the following?
(Please check if yes) Include grandparents, parents, aunts, uncles and siblings.

- ☐ Heart attack
- ☐ Stroke
- ☐ Stroke
- ☐ Coronary disease
- ☐ Congenital heart disease
- ☐ High blood pressure
- ☐ Diabetes
- ☐ Coronary operations
- ☐ Elevated cholesterol

IF YES TO ANY OF THE ABOVE PLEASE LIST RELATIVE AND AGE OF OCCURANCE: