

Holistic Health Practices Health/Medical History Questionnaire

Name: _____

Address: _____

Home /work/cell phone _____

Date of birth: _____

Occupation: _____

Physician: _____

Doctor's phone

number: _____

Are you presently involved in regular exercise? ___ If yes, please describe. _____

Are you currently on a diet? ___ If yes, please describe.

Do you now or have you ever smoked? ___ If yes, please elaborate.

How do you characterize your stress level in your life? (please circle one)

Highly stressful Moderately stressful Low in stress

Have you ever had massage/bodywork? ___ If yes, please elaborate

&n bsp; Please list any medications you are taking and for what purpose. (include prescription, herbal, over-the counter, and vitamin/mineral supplements _____

Present and Past History. Check all that apply past/present

Surgery

Heart attack, coronary bypass, cardiac surgery

Diabetes

Stroke

High blood pressure

Low blood pressure

Chest discomfort

Extra, skipped or rapid heart beat/palpitations

Heart murmurs

Ankle swelling

Cold hands/feet

Unusual shortness of breath

Lightheadedness or fainting

Epilepsy/seizures

Anemia

Asthma

Emphysema

Bronchitis

Pneumonia

Fatigue/ lack of energy

Trouble sleeping

Migraine/ recurrent headaches

Swollen, stiff or painful joints

Foot problems

Knee problems

Back problems

Shoulder problems

Neck problems

Broken bones

Stomach/ intestinal problems

Hernia

Limited range of motion

Arthritis

Bursitis

Tear in the Retina

Holistic Health Practices

Agreement and Release of Liability

1. In consideration of being allowed to participate in the personal fitness training, licensed Massage Therapy and Wellness Programs of **Holistic Health Practices** and to the use of its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge **Holistic Health Practices** and its officers, agents, employees, representatives, executors and all others acting on it's behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services or in any activities, programs or services of Holistic Health Practices or the use of any equipment at various sites, including home, provided by and/or recommended by **Holistic Health Practices**. (Please initial____)
2. I have been informed of, understand and am aware that strength, flexibility, cardiovascular exercise, massage therapies, including the use of equipment, is a potentially hazardous activity. I also have been informed of understand and am aware that fitness activities involve a risk of injury, including a remote risk or death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial____)
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, use of exercise equipment and massage therapies. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the physical activities, programs and the use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. (Please initial____)
4. I understand that **Holistic Health Practices** provision and maintenance of an exercise/fitness program for me does not constitute an acknowledgment, representation or indication of my physiological well-being, or a medical opinion relating thereto. (Please initial____)