



Medical Health History

QUESTIONS

RESPONSES

121

Medical Health History

Hello! Prior to arriving for your initial consultation, Smart Strength requires that you fill out the form below. This will expedite our consultation process so that we can better show you how we can help you reach your fitness goals!

What is your full name? *

Short answer text

What is your date of birth? *

Month, day, year



What is your phone number? *

Short answer text

Which Smart Strength service are you most interested in? *

- One on One Training
- Post Physical Therapy
- Athlete Training
- Medical Exercise

Check the conditions that apply to you, either currently or previously *

- Heart Disease
- Diabetes
- Hypertension
- Asthma
- Cancer
- Epilepsy
- Lung Disorders
- Multiple sclerosis
- Osteoporosis
- Back Pain
- Other...

Please describe any musculoskeletal conditions or injuries that you've suffered *

Long answer text

Please list any medications or supplements (both prescription and over-the-counter) you are currently taking that may or may not apply to any of the above conditions *

Long answer text

Please list any hospitalizations in the last two years (date of admittance and reason). *

Long answer text

Please list any known allergies. *

Long answer text

Please identify type of tobacco usage, if any, and years of usage (ex: cigarettes, 1990-1998). *

Long answer text

I have read, understood and completed the questionnaire. By selecting 'Agree' it will act as my signature on this questionnaire. *

Agree

Disagree - I have questions pertaining to this questionnaire

