



HEALTH AND INJURY HISTORY

Name: _____ Date: _____

Telephone: _____ Email Address: _____

Address: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Sex (circle): M or F

In Case of Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

1. Current/Past Health Problems or Injuries:

<i>Current or Past Medical Problems</i>	<i>Approximate Date of Onset or Diagnosis</i>
1.	
2.	
3.	
4.	
5.	
6.	

2. Past Surgeries:

<i>Past Surgery</i>	<i>Approximate Date of Surgery</i>
1.	
2.	
3.	
4.	

3. Current ailments, injuries, limitations, problem areas, or areas to address:

<i>Issue:</i>	<i>Approximate Date of Onset or Diagnosis</i>
1.	
2.	
3.	
4.	
5.	
6.	