

Consultation

Patient: _____ Birthdate: _____
First MI (initial) Last

Address: _____

Email: _____ Phone# _____

General Health

Medical Conditions, check all that apply:

- _____ Multiple Sclerosis _____ Fibromyalgia _____ Visual Problems _____ Hearing Problems
- _____ Panic Attacks/Anxiety _____ Depression _____ Allergies _____ Blood Disorder _____ Diabetes
- _____ Circ/Vascular Issues _____ Hypertension _____ High Chol/Lipids _____ Heart Disease
- _____ Kidney Disease _____ Lung Disease _____ Liver Disease _____ Infectious Disease
- _____ Stomach Disease/Reflux _____ Thyroid Disease _____ Head Injury _____ Migraines

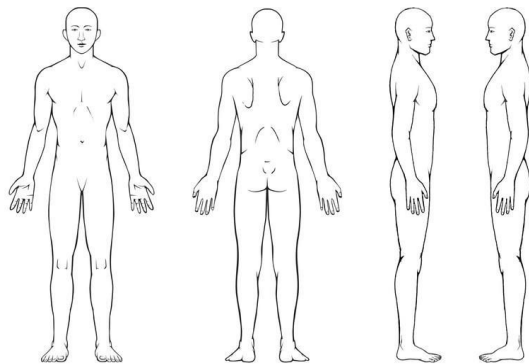
Key Questions on Health Status

Do you have any significant aches/pains you would like to mention?

Is there a Cause? _____

When and how did these symptoms begin? _____

Darken the areas on the body where you are having issues:



How would you describe your pain?

- _____ Aching _____ Burning _____ Cramping _____ Crushing
- _____ Discomfort _____ Dull _____ Gnawing _____ Numbness
- _____ Loss of Sensation _____ Pressure _____ Sharp
- _____ Tight _____ Stabbing _____ Stinging _____ Swollen
- _____ Throbbing _____ Tingling _____ Weakness
- _____ Other: _____

Do you permit Pro Motion PT to discuss any health concerns with Snap Fitness Personal Trainers?
 (Circle yes or no) Yes No

If Yes please sign here _____ Date _____
Full Name