

**Fit and Balanced Mom, LLC**



**HEALTH HISTORY FORM**

**CLIENT INFORMATION**

**Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address: (Street, City, State, Zip)** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Name of Emergency Contact:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**PHYSICIAN INFORMATION**

**Primary Care Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**OB/GYN:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Pediatrician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**MEDICAL INFORMATION**

<input type="checkbox"/> History of heart problems, chest pain or stroke (murmurs, etc.)	<input type="checkbox"/> Back pain
<input type="checkbox"/> History of heart problems in immediate family	<input type="checkbox"/> Hernia or any condition that may be aggravated by lifting weights?
<input type="checkbox"/> Dizziness or fainting	<input type="checkbox"/> Obesity (>20% over ideal body weight)
<input type="checkbox"/> Increased blood cholesterol	<input type="checkbox"/> Cigarette smoking habit
<input type="checkbox"/> Increased blood pressure	<input type="checkbox"/> History of breathing/lung problems
<input type="checkbox"/> Any chronic illness or condition	<input type="checkbox"/> Muscle, joint, or back disorder, or any previous injury still affecting you?
<input type="checkbox"/> Difficulty with physical exercise	<input type="checkbox"/> Diabetes or thyroid condition?
<input type="checkbox"/> Recent surgery (last 12 months)	<input type="checkbox"/> Pregnancy (now or within the last 3 months)
<input type="checkbox"/> Chest pain/angina (especially upon exertion)	<input type="checkbox"/> Difficult pregnancy
<input type="checkbox"/> Leg cramps during exercise	<input type="checkbox"/> Any medications or drugs

Please explain anything you selected above: \_\_\_\_\_

\_\_\_\_\_

*The information submitted on this Health History Form is true and complete to the best of my knowledge, and I understand that any wrong or incomplete information could result in a less effective fitness program, injury, illness or death. Participating in physical activity with Fit and Balanced Mom, LLC involves potential risk of physical injury. By engaging in these activities, I assume the risk of bodily injury, illness or even death and agree to release Fit and Balanced Mom, LLC, its officers, employees and agents from all liability for any and all injuries sustained while participating*

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_