

Dr. Drill Health History Questionnaire

Please answer each question to the best of your ability. All information will be kept confidential.

Name _____ DOB _____

Email: _____

Address _____

City, State, Zip _____

Home Phone _____ Cell _____

Employer _____ Occupation _____

Family Doctor _____ Phone _____

Address _____

In Case of Emergency, Please Notify _____

Address _____

Phone _____

Are you actively under the care of a health care professional for any reason? Y / N

Why? _____

Are you presently taking any medications? Y / N

Type	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any allergies _____

Please disclose any significant past medical history (acute or chronic disease, all injuries, broken bones, hospitalizations, and surgeries): _____

I am not aware of any disease or disorder that would complicate my participation in an exercise program, other than the medical conditions detailed below...

Age: _____ Gender: M / F

Has your doctor ever told you...

1. That you have elevated blood pressure or a heart disorder?
2. That you have a bone or joint disorder that could be made worse with exercise?
3. Are you over age 65?
4. Are you unaccustomed to rigorous exercise?
5. Is there any reason, not mentioned above, that you should not follow a regular exercise program? _____
6. Have you ever experienced chest pain with stress or exercise?
7. Do you have a family history of any of the following conditions? Y / N

___ Heart disease

___ Heart Attack

___ Hypertension

___ Gout

___ Abnormal EKG

___ Diabetes Type 1 or 2

___ Asthma

___ Cancer

Do you have any trick joints? IE "My bad knee, ankle, back, neck?"

FOOD:

Are you on a diet? _____

Any cravings or junk food preferences? _____

Take any supplements? _____

Do you smoke? Y / N How much? _____

Do you drink? Y / N How much? _____

Any other nastiness? Y / N How much? _____

Where are you on the below continuums?

SEDENTARY _____ VERY ACTIVE

LAZY _____ MOTIVATED

LATE _____ PROMPT

UNHEALTHY _____ HEALTHY

Why do you want to be a part of the Dr. Drill Instructor Program? _____

I hereby understand that engaging in rigorous exercise is in effect, a known physical stress with concomitant risks. I vow to follow all safety guidelines, train within my limitations, and report all injuries to Dr. Oberst.

Dr. Aaron Oberst: _____

Participant: _____

