

**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): \_\_\_\_\_

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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?"

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FOOD:

Are you on a diet? \_\_\_\_\_

Any cravings or junk food preferences? \_\_\_\_\_

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Take any supplements? \_\_\_\_\_

Do you smoke? Y / N                      How much?\_\_\_\_\_

Do you drink? Y / N                      How much?\_\_\_\_\_

Any other nastiness? Y / N              How much?\_\_\_\_\_

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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?\_\_\_\_\_

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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.

**How did you hear about us?**

**At which location will you be training? Lansdale Indian Valley GMC**

**What is your t-shirt size?\_\_\_\_\_**

**Payment method? Cash CC Paypal**

**Dr. Drill:\_\_\_\_\_**

**Participant:\_\_\_\_\_**

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