LIZ BURTON BODY DESIGN STUDIO

HEALTH HISTORY FORM

Name _____ (Please print)

Age _____ Date of Birth _____   Sex (circle) M   F

Occupation _____Work phone_____

Home Address _____

Home Phone _____ Cell Phone _____

Email address _____

Medical Professional's Name _____

Medical Professional's Phone (_____) _____Fax (_____) _____

Person to contact in case of Emergency:

Name _____Phone (_____) _____

Relationship to emergency contact: _____

Are you taking any medications or drugs, including over the counter supplements, vitamins or herbs? If so, please list medications, dose reasons, and how long you've been on the medication.

Medication	Dosage	Prescribed for:	When Started

Does your medical professional know you are participating in an exercise program?

_____ Yes   _____No

Do you now, or have you had in the past: (Check if yes, leave blank if no)

1.____ History of heart problems, chest pain or stroke _____
2.____ Increased blood pressure _____
3.____ Any chronic illness or condition _____
4.____ Difficulty with physical exercise _____
5.____ Advice from physician not to exercise _____
6.____ Recent Surgery (last 12 months) _____
7.____ Pregnancy (now or within last 3 months) _____
8.____ History of breathing or lung problems _____

9.____ Muscle, joint or back disorder, or any previous injury still affecting you _____
_____
10.____ Diabetes or metabolic disease (thyroid, renal, liver) _____
11.____ Cigarette smoking habit _____
12.____ Obesity (more than 20 percent over ideal body weight) _____
13.____ Increased blood cholesterol _____
14.____ History of heart problems in immediate family _____
15.____ Hernia, or any condition that may be aggravated by lifting weights _____
16.____ Allergies? _____
17.____ Cancer _____

<center>Please explain any "YES" answers above.</center>

Have you ever had anorexia or bulimia? _____ Have you had tendencies? _____

Are you presently exercising? Please explain
_____

Have you had your cholesterol tested in the past year?

_____No _____ Yes   above 200 _____ below 200 _____ don't know number _____

What is the most and least you have weighed?

_____Most _____ Least _____ No Change

Is there anything that I should know that has not been asked?

_____

 Date _____ Signature _____