******

***Breath and Balance - Health Questionnaire***

**Please answer the following questions. All information is confidential and will only be used to help your instructor create a personalized program for you.**

*Name Date:*

*Address:*

*City: Province: Postal Code:*

*Preferred Phone contact: (Home/Cell/Work)*

*Preferred Email contact:*

*Birth Date: Occupation:*

*Emergency Contact / Relationship:*

*Phone:*

**What specific health or fitness goals would you like to achieve at Breath and Balance?**

**Physical History**

*Please note pre-existing conditions, including prior accidents, injuries, surgeries, or medical*

*treatments that involve the following (date of onset/duration/severity/location):*

*❒ Head/Neck*

*❒ Shoulder R / L*

*❒ Elbow R / L*

*❒ Hand R / L*

*❒ Lower back*

*❒ Middle back*

*❒ Upper back*

*❒ Rib cage*

*❒ Abdomen*

*❒ Pelvis*

*❒ Hip R / L*

*❒ SI Joint R / L ❒ Knee R / L*

*❒ Lower leg R / L*

*❒ Foot/Ankle R / L*

**Present Physical Condition**

*Please describe your present physical condition:*

*Please list your primary fitness, sports, and recreational activities:*

***Please note any current injuries or areas of concern on the figures below.***



**Special Conditions/Considerations:**

*Please list medications you are taking that might affect your participation in a program of exercise:*

*Please list any medical conditions that might affect your participation in a program of exercise (pregnancy, diabetes, high blood pressure, seizure disorder, MS, Parkinson’s, etc.)*

*Are you currently seeing a health care practitioner (ND, MD, DC, DO, PT, etc.) for any of these conditions? If yes, has your practitioner/therapist given you any activity restrictions?*

*If yes, please list:*

*If you would like us to be in touch with your health care practitioner, please provide us with her/his contact information:*

*Name: Phone:*