



General and Medical History

Occupational

What is your current occupation?

Does your occupation require extended periods of sitting?

Does your occupation require repetitive movements? (if YES, please explain)

Does your occupation require you to wear shoes with a heel? (e.g., dress shoes)?

Does your occupation cause you mental stress?

Recreational

Do you partake in any recreational physical activities (golf, skiing, etc)? (If YES, please explain)

Do you have any additional hobbies (reading, video games, etc)? (If YES, please explain)

Medical

Have you ever had any injuries or chronic pain? (If YES, please explain)

Have you ever had any surgeries? (If YES, please explain)

Has a medical doctor ever diagnosed you with a chronic disease, such as heart disease, hypertension, high cholesterol, or diabetes? (If YES, please explain)

Are you currently taking any medication? (If YES, please explain)

Additional Information
