



# TRANZEN

**DIMENSIONS OF WELLNESS**

## **HEALTH HISTORY**

### ***General Information:***

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

### ***In case of emergency, please notify:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

### ***Medical Information:***

What is the present state of your general health? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you under the care of a physician, chiropractor, or other health care professional for any reason? \_\_\_\_\_ If yes, list reason(s): \_\_\_\_\_

Are you presently taking any medication\supplements? \_\_\_\_\_ *(If yes, complete the following)*

**Type**

**Dosage/Frequency**

**Reason**

Type	Dosage/Frequency	Reason

Please list any allergies: \_\_\_\_\_

*(Females)* Are you now or have you been pregnant within the past three months? \_\_\_\_\_

Does your physician know you are participating in an exercise program? \_\_\_\_\_

**Health Questions:** *(If Yes, Please Explain!)*

1) A history of heart problems? \_\_\_\_\_

\_\_\_\_\_

2) A history of heart problems in the family? \_\_\_\_\_

\_\_\_\_\_

3) High/Low Blood Pressure? \_\_\_\_\_ Reading: \_\_\_\_\_

\_\_\_\_\_

4) High/Low Cholesterol? \_\_\_\_\_ Reading: \_\_\_\_\_

\_\_\_\_\_

5) Difficulty with physical exercise/activities? \_\_\_\_\_

\_\_\_\_\_

6) Any chronic illnesses? \_\_\_\_\_

\_\_\_\_\_

7) Diabetes? \_\_\_\_\_ Type: \_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_

8) Muscle, joint or back disorder/injury/pain? \_\_\_\_\_

\_\_\_\_\_

9) Recent Surgery? \_\_\_\_\_ What & When? \_\_\_\_\_

\_\_\_\_\_

10) History of lung problems (*Asthma\Respiratory*)? \_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_ What? \_\_\_\_\_

11) Cigarette/smoking habit? \_\_\_\_\_ Past? \_\_\_\_\_ Date quit: \_\_\_\_\_ How much? \_\_\_\_\_

\_\_\_\_\_

12) Drinking problem/habit? \_\_\_\_\_ How much? \_\_\_\_\_

\_\_\_\_\_

13) Obesity (more than 20 pounds overweight)? \_\_\_\_\_

\_\_\_\_\_

14) Stressed? \_\_\_\_\_ What? \_\_\_\_\_

\_\_\_\_\_

15) Advice from a physician not to exercise? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

What regular physical exercise/activities do you presently do? \_\_\_\_\_

\_\_\_\_\_

Other health & wellness explanations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Comment\Thoughts:***

Any else you would like to communicate? \_\_\_\_\_

[illegible]

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE NOTIFY TRANZZEN'S DIMENSIONS OF WELLNESS OF ANY CHANGES IN YOUR CURRENT HEALTH HISTORY!**

