



TRANZzen

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*)

<u>Type</u>	<u>Dosage/Frequency</u>	<u>Reason</u>
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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? _____

Signature: _____ Date: ____/____/____

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

