

## **Health History**

## All information is confidential. Use the back of form if needed

Name		Date of Birth	Male or Female	
Phone #	Email add	ress		
Mailing Address				
	Emergency Contact (phone# & relationship to you)			
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How did you hear about Rossi	ter?			
Are you currently under exerc	ise or activity restrictions by your Dr.	? Explain		
Current activity level - (circle a Extremely Active/Athletic	all that apply) Sedintary - Stand mos	t of the day - Computer Work - Variety	of Activities Regular Exercise Regim	
Can you safely get up and dow	n on the floor without assistance?			
Circle all current or past condi	tions: (write on back of page if neede	d)		
Pregnant or may be pregnant	Recent Injury	Cancer-what type, how long ag	o	
Dizziness/Vertigo	High Blood Pressure	Stroke		
Epilepsy	Neurological Disorder	Autoimmune Disease		
Rheumatoid Arthritis	Osteoarthritis	Osteoporosis -On meds for this	?How long?	
Varicose Veins	Blood Clots	Artificial Joints		
Pacemaker	Breast Implants	Drug patches (what kind-where	on body)	
Neuropathy	Diabetes – how long?	Do you take insulin injections?_		
Asthma	Steroid Inhalers	Thyroid Disease		
Surgery in last 6 months	Cortisone Injections EVER? W	Cortisone Injections EVER? What body part and when?		
Back Surgery or any injections	to your back-ever?			
Do you have any pins, plates, s	crews or schrapnel in your body? Be	very specific.		
Do you currently have any rash	nes, open sores, shingles, skin eruptio	ns?		
Any other medical problems/d	iagnosis not listed above?			
,	n medications you take on a regular b	asis-even over-the-counter. List when yo	our last dose	
Do you take other medications	your Rossiter Coach should know abo	out? Have you ever taken Quinolone, Le	vaquin, Cipro? When?	
By signing this form, I co and accurately.	onfirm that I have read and fully unde	erstand all of its contents, and I have ans	wered every question completely	
Signature	Date			