



Health History Form

Name_____

Age_____ Sex_____ DOB_____

Address_____

Phone(Hm)_____ (Wk)_____ (Cell Other)_____

Email Address_____

Physician's Name_____ Phone _____

Emergency Contact _____ Phone _____

1. On average, how many times a week do you work out or participate in physical activity?

2. Family/Self-History Yourself Parents

High Blood Pressure		
Heart Problems		
Diabetes		
Cancer		
High Cholesterol		
Obesity		
Smoking		

3. Are you currently taking any medications that would affect your ability to exercise? (Please list)

4. Has your doctor ever said that you have a heart condition and/or that you should only do physical activity recommended by a physician? ____Yes ____No

5. Do you have a bone or joint problem that could be aggravated by physical activity? (Please List)

6. Do you suffer from back pain? (Please explain)

7. Overall personal short-term goals (list three):

8. Overall personal long-term goals (list three):

9. Would you participate in a program that would help you enhance your overall health? ☐ Yes ☐ No

If yes, which of the following Brushy Creek Community Center programs would you be interested in?

- | | |
|--|--|
| <input type="checkbox"/> Weight Management | <input type="checkbox"/> Fitness (Personal Training) |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Yoga/Pilates |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Aerobic Classes |
| <input type="checkbox"/> Pre-Post Natal Exercise Classes | <input type="checkbox"/> Teen Strength Classes |
| <input type="checkbox"/> Sport Specific Exercises/Training | |

10. Do you know of any other reason why you should not engage in physical activity? ☐ Yes ☐ No

Please explain: _____

Member Signature

Date

Staff Signature

Date

Privacy Act. The District is obligated under the Texas Open Records Act to give out personal and private information on customers (such as name, address, telephone number, social security, etc.). Under the act this information is accessible to salesman, bill collectors, disgruntled spouses, telephone solicitors, junk mail listings or anyone else that may want to know about you and your account. If you **DO NOT** want any information given out regarding you or your account, please sign below.

I (we) request that under the Privacy Act, the District not release any information.

Signature _____ Date _____