HCM | WELLNESS CENTER

HEALTH QUESTIONNAIRE

Date: _____

First Name: _____ Last Name: _____

email address: _____ Phone number: _____

Date of Birth: ____/____/____ MALE or FEMALE (circle one)

Address: _____ City: _____ State: _____ Zip: _____

In case of emergency, please contact: _____ Phone: _____

Doctor's Name: _____ Phone Number: _____

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Check all that apply

- ❑ Chronic lung disease or moderate to severe asthma
- ❑ Heart conditions
- ❑ Cancer (any form)
- ❑ Smoker
- ❑ Given bone marrow or organ transplantation
- ❑ Prolonged use of corticosteroids and other immune weakening medications
- ❑ Diabetes
- ❑ Chronic kidney disease undergoing dialysis
- ❑ Liver disease
- ❑ Bone or joint issue

Y	N	
☐	☐	2. Do you feel pain in your chest when you engage in physical activity?
☐	☐	3. In the past month, have you had chest pain when you were not doing physical activity?
☐	☐	4. Do you lose your balance because of dizziness, or do you ever lose consciousness?
☐	☐	5. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
☐	☐	6. Do you know of any other reason why you should not do physical activity? Explain: _____
☐	☐	7. Are you an insulin dependent diabetic? If yes, explain:_____

For my safety, I understand that the staff of the Wellness Center may require my doctor's approval before I am allowed to participate in an exercise program.

I have read, understand and completed this questionnaire. Any questions I had were answered to my full satisfaction. I take FULL responsibility for my health and safety when using the Wellness Center facilities. I also understand that this signed document will be placed in my membership file along with my screening results. A copy of these forms can be made for me upon request.

Signature: _____

Signature of Parent: _____
or Guardian (for participants under the age of 18)

Office Use only

Date Received: _____ Quick-add: Y / N Amount Paid: _____ ❑ Cash ❑ Check ❑ CC ❑ Other

Member # _____ ❑ Annual Dues: $40 $80 ❑ Renewed: $40 $80 Start Date: _____

Pass: (Opt2) ❑ 30 Day ❑ 15 Day ❑ Adult Day ❑ Child Day ❑ P. Training ❑ Swim Lesson ❑ Massage ❑ Other

Type: ❑ Opt 1 ❑ Opt 2 ❑ Individual ❑ Family ❑ Silver Sneakers ❑ HOT Swim ❑ Club Fit ❑ Other

Billing: ❑ 30 Bank Draft ❑ Invoice ❑ Other _____ ❑ Exp Date: _____

Frequency: ❑ Monthly ❑ Quarterly ❑ Yearly Corp Name and # _____

❑ COC ❑ Bank Draft ❑ Member Details ❑ Member Info ❑ Account Details ❑ Access ❑ Scan

Add-on Members: _____ Tour Given Y / N By _____ Equip Orient: _____