HEALTH HISTORY

Name:_____Date:_____

Address:_____

Home Phone:_____Cell Phone:_____

D.O.B.:_____ Ht:_____ Wt:_____ Physical last yr: Y N Last Stress test:_____

Email:_____

Emergency contact:_____Phone:_____

Internist:_____ Cardiologist:_____

Phone #:_____ Phone #:_____

Fax #:_____ Fax #:_____

MEDICAL HISTORY

Heart Attack:_____ Angioplasty/stent:_____ Open Heart:_____

Heart Failure:_____Cardiac Arrest:_____ Chest Pain/discomfort:_____

Irregular heart beat:_____ Pacer/AICD:_____ Dizziness:_____

Hypertension:_____ Leg pain while walking:_____ Shortness of Breath:_____

Diabetes:_____ Cancer: _____Muscle/Joint Pain: _____

Joint swelling: _____ Low back pain: _____ Neck pain: _____

Loss of Hearing: _____ Sleep Apnea: _____ Vision problems: _____

Recent Falls: _____ Memory loss: _____ Difficulty sleeping:_____

Other: _____

_____

Present Diet: Calorie restricted_____ Low Fat:_____ Low Sodium_____

Low Carb: _____ Vegetarian/Vegan: _____ No special diet: _____

Allergies:_____

Goals:_____

_____

Please provide a copy of current medications.

Keep the Beat Wellness, Inc. 333 Skokie Blvd. Northbrook, IL 60062 847-559-1992