

Patient Medical History

| | | | |
|---------------|--------------------|--------------|---|
| Full Name | Dallis Cust | Address | 10865 Grim Road Birmingham, Alabama, 35236 United States |
| Date of Birth | 2/2/2617 | | |
| E-mail | graham@example.com | Phone Number | (68) 995-0478 |

Medical History Questions

1) Has you doctor ever said your blood pressure was too high or too low?

Yes

Please provide details

In tempor, turpis nec euismod scelerisque, quam turpis adipiscing lorem, vitae mattis nibh ligula nec sem. Duis aliquam convallis nunc. Proin at turpis a pede posuere nonummy.

2) Do you have any known cardiovascular problems (abnormal ECG, previous heart attack, etc)?

Yes

Please provide details

Donec semper sapien a libero. Nam dui. Proin leo odio, porttitor id, consequat in, consequat ut, nulla.

3) Has your doctor ever told you that your cholesterol was too high?

Yes

Please provide details

Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Vivamus vestibulum sagittis sapien. Cum sociis natoque penatibus et magnis d

4) Have you (or a family member) ever been told that you have diabetes?

Yes

Please provide details

Donec semper sapien a libero. Nam dui. Proin leo odio, porttitor id, consequat in, consequat ut, nulla.

5) Do you have any injuries or orthopedic problems (back, knees, etc)?

Yes

Please provide details

Donec semper sapien a libero. Nam dui. Proin leo odio, porttitor id, consequat in, consequat ut, nulla.

6) Do you have stiff or swollen joints?

Yes

Please provide details

Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Vivamus vestibulum sagittis sapien. Cum sociis natoque penatibus e

7) Do you have tension or soreness in any area?

Yes

Please provide details

Donec semper sapien a libero. Nam dui. Proin leo odio, porttitor id, consequat in, consequat ut, nulla.

8) Are you taking any prescribed medications or dietary supplementation?

Yes

Please provide details

Donec semper sapien a libero. Nam dui. Proin leo odio, porttitor id, consequat in, consequat ut, nulla.

9) Do you ever have problems sleeping?

Yes

10) Are you pregnant or post-partum (< 6 weeks)?

No

11) Have you ever been advised by a doctor, physician or specialist not to perform any type of exercise/activity?

Yes

Please provide details

Donec semper sapien a libero. Nam dui. Proin leo odio, porttitor id, consequat in, consequat ut, nulla.

12) Do you have any other medical condition, injury or anything else we should be aware of that we have not mentioned?

Yes

Please provide details

Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Vivamus vestibulum sagittis sapien. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculu