HEALTH AND FITNESS QUESTIONNAIRE

Pure Movement
Debra Schubert
2312 Bethards Dr. Suite 7
Santa Rosa, CA 95405

Date _______/_________/_________

Name____
Last Name First Name Middle Initial

Address____
Street City State Zip

Cell Phone___________________________________ Work Phone____________________________

Email____

Place of Birth____

Birthdate________________________ Age_____________________

Height__________________________ Weight___________________

Name & Number for Emergency Contact____

How did you find out about my Practice?____

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List and describe your chief complaint(s):

Date of Onset Complaint

Date of Last Medical Doctor visit ____________/______________/______________

List recent M.D. diagnosis

____

____

Check any that Conditions apply:

Faint	Yes	No	Date Onset_______________
Hypertension	Yes	No	Date Onset_______________
Heart Disease	Yes	No	Date Onset_______________
Asthma or Lung	Yes	No	Date Onset_______________
Abdominal Pain	Yes	No	Date Onset_______________
Bone & Joints	Yes	No	Date Onset_______________
Muscular Diseases	Yes	No	Date Onset_______________
Nervous Disorders	Yes	No	Date Onset_______________
Autoimmune Disease	Yes	No	Date Onset_______________
Cancer	Yes	No	Date Onset______________

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Other Conditions/Diseases/Traumas (please include dates)
Ex's: Arthritis, torn meniscus, torn ligaments, hernias, whiplash, bone spurs, etc.)

Please list all hospitalizations for illness injury or surgeries and associated dates.

Do you have or had any back problems?
If yes, please explain and provide dates when it occurred.

Do you feel anxious, tense, stressed or under pressure: Please circle one Almost never,

Occasionally, Frequently, Constantly

Activity Profile

How many hours of exercise do you regularly do each week?

Activity	Frequency
________________	________________
________________	________________
________________	________________

Personal Habits:

Smoking	Yes	No
Alcohol Use	Yes	No
Coffee	Yes	No

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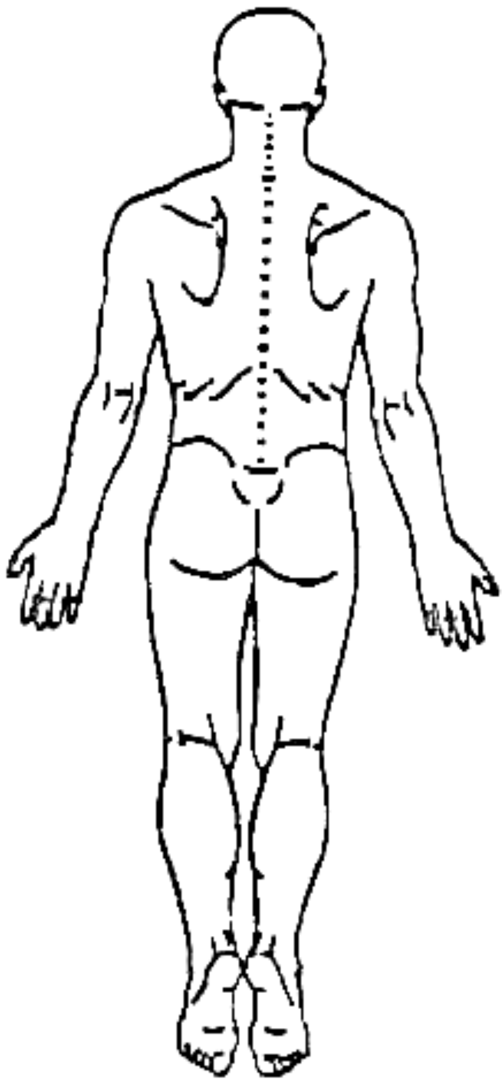
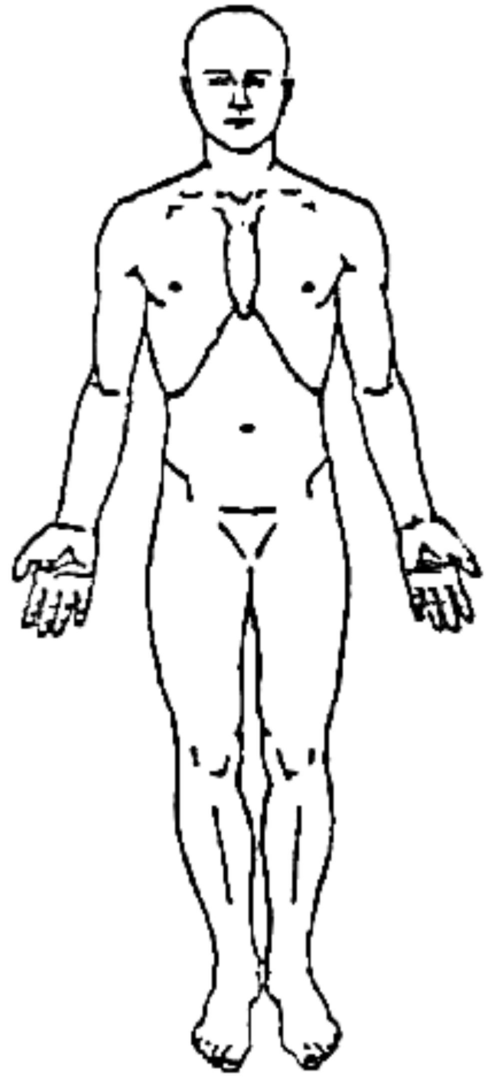
Mark Areas of Pain





HEALTH AND FITNESS QUESTIONNAIRE

Goals: Please list 5

1.____

2.____

3.____

4.____

5.____

To the best of my knowledge, all of the above statements are complete and true.

Signature:____

Date:____