San Juan Strong

strength resilience balance

GENERAL INFO:

First Name ______________________

Last Name ______________________

Email ______________________

Phone ______________________

Mailing Address ______________________

____

____

Birthdate ______________________

Age _______ Wt _______ Ht _______

Emergency Contact ______________________

____

BASELINE MARKERS:

Handgrip R _________ L _________

Sit to Stand ______________________

BTracks ______________________

1 Leg Balance R ________ L ________

DEXA Scan T-Score(s):

Lumbar Spine ______________________

Femoral Neck R ______________________

Femoral Neck L ______________________

Thoracic Spine ______________________

A1C ______________________

HEALTH HISTORY:

Do you have any medical conditions? Y / N If yes, please list:

____

____

____

____

Do you have untreated hypertension? Y / N

Do you have a hernia? Y / N

Do you have muscular dystrophy? Y/N

Are your pregnant? Y/N

Are you taking any medications? Y / N If so please list, including any supplements you are taking:

____

____

____

Please describe your exercise routine:

____

____

Do you sleep well? Y / N Hrs a night _________

Have you lost height? Y / N How much? ______

Diet ______________________

____

Do you drink alcohol? Y / N ______________

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Check All That Apply		
Premature Menopause	Diabetes	Heart Disease
Low Testosterone	Multiple Sclerosis	Stroke Spasticity
Celiac	Parkinson's Disease	Blood Pressure Disorder
Irritable Bowel Syndrome	Fibromyalgia	Thyroid Disease
Rheumatoid Arthritis	Vertigo	Seizures
Osteoarthritis	Fainting	Scoliosis
Osteonecrosis	Migraine	Cancer
Deep Vein Thrombosis	Joint Replacement(s)	Morbus Sudeck Stadium I
Recent Fractures	Recent Surgery	Epilepsy
Gallstones	Kidney Stones	Pacemaker, Stents, Valves
Chondromalacia	Lymphatic Edema	Spinal Disc Issues

Do you experience any body pain(s)? Please rate your pain on a scale of 1-10 (1 is low & 10 is high). Write the number on the list below:

____ Neck	____ R Shoulder	____ L Shoulder
____ Upper Back	____ R Elbow	____ L Elbow
____ Mid Back	____ R Wrist	____ L Wrist
____ Low Back	____ R Hip	____ L Hip
____ Ribs	____ R Knee	____ L Knee
____ Sacrum	____ R Ankle	____ L Ankle

Circle any areas of the body that are experiencing pain.

I agree to participate in the San Juan Strong bioDensity program. I will take responsibility for listening to my body and reporting any discomfort when following instructions from my trainer. I will stop immediately if I have any pain or discomfort. I agree to assume responsibility for risks of injury.

I will also take responsibility for making and changing my appointments and make every effort to give 24 hours notice for any changes to my appointment schedule. I agree that I may be charged for missed appointments when I do not communicate. I agree to cancel my appointments when I am ill.

Signature ____ Date ________________