True Health Center

FORM 1 - PATIENT DEMOGRAPHICS

Last Name:		First:	MI:
DOB:	Gender:	Status: (Single) (Partner) (Married)	Date:
Mailing Address:			Chart#
City:	State:	Zip+4	
Home#	Cell#	Email:	
Would you prefer? Text Reminders: (Yes) (No) ///// Email Reminders (Yes) (No)			
Emergency Contact:		Relationship:	
Emergency Contact Home #		Cell#	
Purpose for Testing: ( ) Athlete ( ) Health Assessment ( ) Medical Concerns ( ) Fitness Assess.			
Referred : ( ) Health / Risk Factors ( ) Doctor Referred ( ) Recent Health Scare ( ) Improve Health ( ) Poor Health			

Cardiovascular Health Issues - Check Applicable Boxes

- ☐ Heart Attack / Myocardial Infarction
- ☐ Chest Pain or Pressure
- ☐ Arrhythmia / Palpitations
- ☐ Congestive Heart Failure
- ☐ Tachycardia - Fast Heart Rate
- ☐ Bradycardia - Slow Heart Rate
- ☐ Heart Surgery /Stents / By-Pass/ Valves
- ☐ High Cholesterol
- ☐ Heart Murmur
- ☐ Swollen Ankles
- ☐ Heart Value Problems
- ☐ Stroke
- ☐ Shortness of Breath
- ☐ Chest Tightness
- ☐ Obesity

Pulmonary - Other Health Issues - Check Appropriate Boxes

- ☐ COPD - Athsma
- ☐ COPD - Chronic Bronchitis
- ☐ COPD - Emphysema
- ☐ Shortness of Breath
- ☐ Sleep Apnea
- ☐ Smoker / Past Smoker
- ☐ Arthritis - OA or RA
- ☐ Allergies / Sinuses
- ☐ Dizziness / Vertigo
- ☐ Thyroid - Hypo... / Hyper...
- ☐ Musculoskeletal Pain
- ☐ High Stress
- ☐ Diabetic / Pre-diabetic
- ☐ Neuropathy
- ☐ Unexplained Leg Pain / Fatigue
- ☐ Chronic Fatigue
- ☐ Kidney Disease
- ☐ Liver Disease

Health Survey Questions

LEVEL OF PHYSICAL ACTIVITY

- ☐ Sedentary - Desk/Seated Job - No Regular Exercise
- ☐ Lite Activity - Walk 2-3x week - Total time 90+ mins
- ☐ Moderate Activity - Aerobic Exercise 3x wk 150+ mins
- ☐ High Activity - Aerobic / Anaerobic - 300+ mins week
- ☐ Athlete - Regular Intense Vigorous Training

YOUR LIMITATIONS

- ☐ Joint Issues - Example - Knee, ankle, low back pain
- ☐ Anxiety
- ☐ Shortness of Breath
- ☐ Leg pain or Fatigue

FAMILY HISTORY

- ☐ Heart Disease
- ☐ Heart Attack
- ☐ High Blood Pressure
- ☐ Obesity
- ☐ Stroke
- ☐ Diabetes
- ☐ Allergies
- ☐ Arthritis
- ☐ COPD

INTERESTED IN?

- ☐ True Health Program
- ☐ V02 Cardiopulmonary Testing
- ☐ 3D Body Composition Scan
- ☐ Resting Metabolic Rate Test
- ☐ True Weight Loss Program
- ☐ Physical Exam
- ☐ Set Physical Exercise Plan
- ☐ Review my health status, set a plan to improve my health

Printed Name: _____

Signature of Patient: _____

Printed Name Witness_____

Signature of Witness: _____