

Health Questionnaire- please answer all questions thoroughly.

Date: _____

Name: _____

Address: _____

Phone: () _____ School/Club: _____

Sports/Recreational Activities:

Do you currently experience pain? Yes No

If so, where is your pain located? _____

Have you ever injured this area? Please describe

Please list any injuries you have sustained in the past:

Please list any surgeries you have had:

Are you currently undergoing any medical treatments? Yes No

If so, please describe: _____

Have you been released by family physician to participate: Yes No

Are you currently taking any medications: Yes No

If so, please list: _____

Interested in the program for: Self _____ Team _____

What month or season are you interested in participating in the program? _____