

EXERCISEWORKS OF BOSTON

CURRENT CHIEF COMPLAINTS:

(onset date / location of pain / intensity of pain / treatments / medications)

CURRENT MEDICAL CONDITIONS / MEDICATIONS / TREATMENTS

PAST SURGERY? (when / what area)

FRACTURES: (bones)

PRESENT FITNESS LEVEL: poor ___ good ___ very good ___

CURRENT FITNESS PROGRAM: (type of exercise – weights / stretching / cardio)

Present WEIGHT: # _____ : under ___ normal ___ overweight ___

HEIGHT: _____

NUTRITIONAL INTAKE /

HEALTHY EATING: poor ___ good ___ very good ___ excellent ___

EMOTIONAL STRESS LEVEL:

low ___ within normal limits ___ moderate stress ___

high stress ___ very high stress ___

PATIENT SIGNATURE: _____

DATE: