

The Core: Health History

MEDICATIONS: _____

FAMILY DOCTOR: _____ PHONE: _____

PHYSIOTHERAPIST: _____

CHIROPRACTOR: _____

MASSAGE THERAPIST: _____

May I contact members of your medical team for information? Y / N

Are you currently seeing any member of your medical team? Y / N

If yes, who: _____

If you have recent MRI or X-ray reports please attach a copy.

These courses are based on protocols developed by The American Academy of Health, Fitness & Rehabilitation Professionals. They are NOT a therapy course and this health form is not a diagnostic tool. The information on this form is meant to provide Mia with information necessary to determine residual dysfunction and the best course of action.

I _____ (client) have provided Mia Sutherland with the appropriate information required for her to safely establish exercise guidelines and appropriate modifications based on my limitations and health history. I will adhere to the regime outlined and will avoid progressing myself without supervision and guidance.

Client's Signature

Date

Mia's Signature

Date

*Please send payment to Mia Sutherland, 869 Deal Street, Comox, BC V9M 1B1
Contact: miasco@shaw.ca • Phone 250-339-9561*