



Do less. Achieve more.™

123 Inverness Road  
Athens, GA. 30606  
603-781-7378  
info@core-restore.com  
www.core-restore.com

## Core Restore Training System Health History Form

PRINT CLEARLY PLEASE

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Email: \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

1. Have you ever had? (Please check the ones that apply to you)

- High blood pressure\_\_\_\_\_
- Heart or circulation disorders\_\_\_\_\_
- Seizures\_\_\_\_\_
- Dizzy spells\_\_\_\_\_
- Diabetes\_\_\_\_\_
- Degeneration Joint Disease \_\_\_\_\_
- Arthritis/Osteoarthritis\_\_\_\_\_
- Scoliosis\_\_\_\_\_
- Kyphosis\_\_\_\_\_
- Osteoporosis\_\_\_\_\_
- Auto Immune Deficiency Disease\_\_\_\_\_
- Asthma\_\_\_\_\_
- Direct Injuries/Trauma to Head/Neck\_\_\_\_\_
- Joint swelling/stiffness\_\_\_\_\_
- Multiple Sclerosis\_\_\_\_\_
- Epilepsy/Seizure Disorder\_\_\_\_\_
- Cancer/Tumors\_\_\_\_\_
- Chronic Fatigue Syndrome\_\_\_\_\_
- Fibromyalgia\_\_\_\_\_
- Thyroid Condition\_\_\_\_\_
- High Cholesterol\_\_\_\_/\_\_\_\_\_
- Recent Infections\_\_\_\_\_
- Neuropathy\_\_\_\_ Location\_\_\_\_\_
- Smoking History\_\_\_\_\_
- Back or Neck Problems\_\_\_\_\_
- Car Accidents/Whiplash\_\_\_\_\_
- Headaches\_\_\_\_\_
- Average Hours Sleep per Night\_\_\_\_\_ #of hours
- Other\_\_\_\_\_

2. Please list any current medications, self prescribed medication, or dietary supplements that you are taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Be very specific about your injury, surgery, and accident history. If you need to use back of form, please do so:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All clients are required to fill-out and sign a Par-Q Form prior to any exercise at Core Restore, LLC.**