



Medical History Form

GENERAL INFORMATION

Name: _____ Client # _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (home) _____ (work): _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Physician: _____ Diagnosis: _____

Date of Injury or Condition Onset: _____

Insurance Carrier: Claim No: _____

Claims Adjuster: Name and Phone No: _____

- | | |
|---|--------|
| 1. Has your doctor ever said that you have any cardiovascular problems? | Yes No |
| 2. Do you frequently suffer from chest pains? | Yes No |
| 3. Have you ever had a heart attack? | Yes No |
| 4. Do you ever experience an irregular or racing heart rate during exercise or at rest? | Yes No |
| 5. Do you often feel faint or have spells of severe dizziness? | Yes No |
| 6. Has a doctor ever said that your blood pressure is too high? | Yes No |
| 7. Do you often have difficulty breathing? | Yes No |
| 8. Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be aggravated with exercise? | Yes No |
| 9. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? | Yes No |
| 10. Are you over age 65 and not accustomed to vigorous exercise? | Yes No |
| 11. Are you diabetic? | Yes No |
| 12. Are you pregnant? | Yes No |



CORE
PHYSICAL THERAPY

MEDICAL INFORMATION

1. Date of last physician visit: _____
2. List any medications you are now taking and the reason for which they were prescribed:

3. Describe your condition _____
4. List any surgical procedures you have undergone:

5. Have you received physical therapy or chiropractic care: Yes No
6. Do you or any member of your immediate family (mother, father, sister or brother) been diagnosed with: Diabetes: _____ Heart Disease: _____ Stroke: _____ High Cholesterol: _____ Obesity: _____ Hyperthyroidism: _____
7. How many hours a week do you work? 20 30 40 >40
8. How do you spend most of your time at work? Sitting Standing Carrying loads Driving Walking
9. Do you smoke? Yes No
10. How many times per week do you engage in moderate or strenuous exercise for at least 30 minutes?
 1 2 3 4 5 6 7
11. Do you have any pain while exercising? Yes No If yes, rate on a scale of 1-10: _____

Signature: _____ Date: _____

In case of emergency notify the following person:

Name: _____ Phone: (H) _____ (W) _____

Address: _____

City: _____ State: _____ Zip: _____



Independent Gym Program and Release of Liability

The undersigned, in consideration of Comprehensive Orthopedic Rehabilitation and Exercise Physical Therapy, Inc., doing business as C.O.R.E. Physical Therapy, Inc a California corporation (CORE), giving me access to its facilities and premises located at Gabbert Drive, Suite A, Cameron Park, CA 95682 (“Premises”) and it services during designated hours of operation agrees as follows:

1. I (and all my guests) acknowledge that if I engage in any physical exercise or activity or use CORE’s facilities or Premises that I do so at my own risk. This includes without limitation my use of the locker room, workout areas, restrooms, stairs, parking areas, sidewalks or equipment located at the Premises and my participation in any activity, class, program or instruction at the Premises. I agree that I am voluntarily participating in these activities and using these facilities and the Premises and assume all risk of injury, illness, damage or loss to me or my property that might result including, without limitation, any loss or theft of my personal property.
2. I release and discharge CORE and each of its directors, officers, agents, employees, representatives (including without limitation any third party independent contract trainers), Thomas C Curry, Jr., Paul Newton, and Chuck L. Orofino individually, and each of their successors, assigns, personal representatives, heirs, executors, administrators and agents from any and all claims, causes of action, or liabilities (known or unknown) arising out of negligence or otherwise on the part of any or all of said persons as to the activities and Premises described above. This release of liability includes without limitation injuries or damages which may occur as a result of: (a) My use of exercise equipment or facilities which may malfunction or break; (b) the improper maintenance of any exercise equipment, facilities or the Premises; (c) negligent instructor’s supervision; and (d) my slipping and falling while at the Premises or any property adjacent thereto.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY IT I AM WAIVING ANY RIGHTS THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST ANY OF THE ABOVE-DESCRIBED PERSONS FOR THE MATTER DESCRIBED IN THIS DOCUMENT.

3. The foregoing Agreement and Release of Liability is intended to be as broad and inclusive as is permitted by the law of the States of California. If any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.
4. I understand that strength, flexibility and aerobic exercise, including the use of equipment is a potentially hazardous activity, that fitness activities involve the risk of injury or even death, and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved.
6. CORE, Thomas C. Curry, Jr, Paul Newton, and Chuck L. Orofino, or any of the above-described persons can refuse to provide services at any time without cause or notice.
7. Payment for services is due immediately upon presentation of an invoice detailing such services and the charges therefore.
8. If legal action is brought to enforce the terms of this Agreement and Release of Liability the prevailing party in any such action shall be entitled to reasonable attorneys’ fees as part of the award in such action.
9. This Agreement shall be governed by and construed under the laws of the State of California except for any such laws that would require the laws of another jurisdiction to apply.
10. This Agreement shall be binding on the successors, assigns, agents, personal representatives, heirs, executors and administrators of the parties hereto.

I acknowledge that I have been urged by CORE to seek the advice and approval of my physician before beginning any exercise program.

I agree to the foregoing terms and conditions including the release of liability provided for above.

Signature: _____ Date: _____