



Name: _____ Date _____

Address: _____

Emergency Contact: _____

Bone & Joint Issues? _____

Heart Disease (including high blood pressure and/or cholesterol)? _____

Forgetfulness? _____

Breathing Difficulty or Lung Problems? _____

Are you Diabetic? Yes No Have you been diagnosed with Parkinson's? Yes No

What medications are you currently on? _____

Is there anything else you can think of that may affect your ability to do exercise? (Motivation, Understanding, Need, etc.) _____

