

Elevation Fitness and Health  
Health and Fitness Evaluation

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Town/ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Describe any previous accidents, injuries or illnesses \_\_\_\_\_

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Have you ever has surgery. If yes, please describe \_\_\_\_\_

Currently taking Medication ? \_\_\_\_\_ Name and Dose \_\_\_\_\_

Do you smoke, if yes, how much per day ? \_\_\_\_\_

Family History, is there cancer, diabetes, respiratory illness or coronary artery disease present in any immediate family member \_\_\_\_\_

What three things would you do in your life to be healthier? \_\_\_\_\_

Blood Pressure Reading \_\_\_\_\_ Resting Heart Rate \_\_\_\_\_

Water Intake \_\_\_\_\_ < or > 50 Oz per day (8 Glasses)

What type of exercise do you regularly perform ? \_\_\_\_\_

Have you ever had a spinal wellness evaluation ? \_\_\_\_\_

Have you ever been in a massage therapy program ? \_\_\_\_\_

Do you consider yourself healthy, somewhat healthy, or unhealthy ? Please explain below.

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Do you have minimal, moderate or consideration stress in your life ? \_\_\_\_\_

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Do you take vitamins or supplements ? If so, please list \_\_\_\_\_

What is your total cholesterol ? \_\_\_\_\_

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Describe your average daily diet that is typically consumed. Include any alcohol consumption. Please list

Breakfast \_\_\_\_\_

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Lunch \_\_\_\_\_

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Dinner \_\_\_\_\_

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Alcohol Consumption, list quantity and frequency \_\_\_\_\_

Any type of food you either like or dislike \_\_\_\_\_

What type of foods are your favorites \_\_\_\_\_