

Physician Medical History



Personal Training with Mark Degen, LMT, ACSM, ACE

Patient's Name: _____

Male: ___ Female: ___

Date of Birth: _____

Daytime Phone: _____

✓ Check if Yes

	<u>Physiological System</u>	<u>Medications, Comments, Recommendations</u>
___ Past ___ Present	Musculoskeletal System	_____
___ Past ___ Present	Circulatory System	_____
___ Past ___ Present	Nervous System	_____
___ Past ___ Present	Endocrine System	_____
___ Past ___ Present	Respiratory System	_____
___ Past ___ Present	Pregnant System	_____
___ Past ___ Present	Other	_____

Check one ___ I recommend full participation

___ I Do Not recommend participation

Doctor's Name _____

Any Questions?

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