

# Physician Medical History



Personal Training with Mark Degen, LMT, ACSM, ACE

Patient's Name: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_

Date of Birth: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

✓ Check if Yes

Physiological System      Medications, Comments, Recommendations

\_\_\_ 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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