Wellness Gym Member Information

Name: _____ Date of Birth: _____ Age: _____

Address: _____ Emergency Contact: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____ Emergency Contact Phone #: _____

Phone #: _____ SDCA Patient? **Yes / No** Cardiologist: _____

Email: _____ PCP (primary care) Doctor: _____

Wellness Gym Medical History

Cardiac Medical History:

Please explain, if you've experienced any of the following:

Heart Attack: _____

Stents: _____

Heart Rhythm Abnormalities: _____

Heart Valve Disease: _____

Congestive Heart Failure: _____

Heart Surgery: _____

Do you currently experience any of the following symptoms?

Check the corresponding box for YES

- ☐ Chest discomfort or shortness of breath with exertion
- ☐ Dizziness, fatigue, fainting, or blackouts
- ☐ Ankle swelling
- ☐ Unpleasant awareness of a forceful, rapid, or irregular heart rate
- ☐ Burning or cramping sensation in lower legs when Waking short distances

Please list any medication allergies:

_____

_____

_____

Previous Medical History: If you have any of the following please explain with date of diagnosis and intervention plans.

Cancer: _____

Pulmonary Disorders: _____

Orthopedic Injuries: _____

Other: _____

Cardiac Risk Factors: Circle the following:

1. Do you currently smoke? **YES / NO**
2. Are you diabetic? **YES / NO**. If yes, which type: **PRE / TYPE 1 / TYPE 2**
3. Have you been diagnosed with high blood pressure (hypertension:)? **YES / NO**
4. Have you been diagnosed with high cholesterol? **YES / NO**
5. Do you have family history of 1st degree relatives (parents, children, grandparents, siblings) with any of the following illnesses? Heart Disease, Stroke, Diabetes, Hypertension **YES / NO**

Physical Activity:

1. In the last 3 months, have you participated In physical activity sessions at least 3 days a week, lasting 30 minutes or longer each session? (walking, biking hiking, lifting weights) **YES / NO**
2. Type of activities: _____
3. Days per week _____ Level of Intensity: **LOW / MODERATE / VIGOROUS**

Medications List:

Include any prescriptions, over-the-counter medications, & herbal supplements:

Medication	Dosage	Reason For Taking

SOUTH DENVER CARDIOLOGY