



SIMPLE CONFIDENTIAL MED QUESTIONNAIRE



PART I: General Information

	Name:	2	Age:	Birth date:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
3	Program Name: MINDFULNESS in MTNS 2012	4	Physician:			
5	Emergency Contact:	6	Telephone #:			
7	Relationship:	8	Insurance Company Name			
9	Day Phone #:	10	Policy/Certificate #:			
	Evening Phone #:	11	Prescription Plan #			

PART II: Medical Information

A. Allergies (Including allergies to medicines, foods, insect bites/stings) NONE or...

Allergy	Reaction	Medication Required (if any)

B. Current Medications (Including psychiatric and over-the-counter) NONE or...

Medication	Taken For: (Symptom/Condition)	Current Side Effects

PART III: Health history:

Any Significant Health History that would be good for us to know about
High Blood Pressure, Cardiac Condition, Hospitalization or ER, high cholesterol, high cholesterol level, Medical Device, Inhaler? Diabetic requiring medication? Smoker? Any other condition or History not mentioned here?
<i>Please Explain:</i>

PART IV: Current Exercise Activity

<p>Please note the activities you engage in daily or weekly which indicate your current fitness level... Be sure to include activities such as walking a pet, mowing your lawn--or activities such as playing basketball. swimming, skiing, etc.</p>
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