



Vitality for Life
HEALTH CENTER
 560 Bryne dr. Unit 1A
 Barrie, ON L4N 9P6
 705.733.2033
 www.vitalityforlife.ca

Healthy & Active Program - Health Questionnaire

Name: _____ Age: _____
Last Name First Name

Birthday: _____ Sex: M F
day/month/year

Occupation: _____

Address: _____

Email: _____

Telephone: (home) _____ (work) _____

Current Health Concerns:	How long ?

What kind of treatment (if any) have you received for the problem(s)?

Are you currently working with a Medical Doctor?
 Name: _____ Phone: _____

Are you currently on any medications? (include name, dose and how long you have been on it)

Are you currently on any vitamins or herbal remedies?

Medical History: (Please provide information for each of the following ie. Dates, details)

- Surgeries: _____ Date: _____
- Past Hospitalizations: _____ Date: _____
- Accidents/Trauma: _____ Date: _____
- Which vaccines have you received? (please include approximately when they were last given)
Hepatitis B _____ DPT _____ HiB (influenza) _____
Polio (injected or oral) _____ Measles/Mumps/Rubella _____
Tetanus _____ Chickenpox _____ Flu shot _____

*Did you experience any reactions to the above vaccines?

• List of Medications/ Herbs taken in the past:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Family History: (Please list age & health problems, or age & cause of death)

	<u>Age</u>	<u>Health Problems</u>
Mother	_____	_____
Father	_____	_____
Siblings	_____	_____
	_____	_____
Grandma(Maternal)	_____	_____
Grandma(Paternal)	_____	_____
Grandpa(Maternal)	_____	_____
Grandpa(Paternal)	_____	_____

What are you hoping to achieve from the Healthy & Active Program?

Other: (is there anything else I should know about you)