

HUSTL Medical History and Screening Form

Participant:

Name:

Address:

Phone:

Email:

Birthdate:

Family Physician or Primary Health Care Provider

Doctor/other:

Phone:

Address:

Present Medical History: If the answer to ANY of these questions is YES, please provide further details below.

Has a doctor ever said your blood pressure was too high?

Do you ever have pain in your chest or heart?

Are you often bothered by a thumping of the heart?

Do you ever notice extra heartbeats or skipped beats?

Are your ankles often badly swollen?

Do cold hand or feet trouble you even in hot weather?

Has a doctor ever said that you have or had heart trouble, an abnormal electrocardiogram (ECG OR EKG) heart attack or coronary?

Has a doctor ever said you have a heart murmur?

Do you suffer from frequent cramps in your legs?

Do you often have difficulty breathing?

Do you get out of breath long before anyone else?

Do you sometimes get out of breath when sitting still or sleeping?

Has a doctor ever told you your cholesterol level was high?

Further details:

Do you now have or have you recently experienced:

Chronic, recurrent, or morning cough?

Episodes of coughing up blood?

Migraine or recurrent headaches?

Swollen or painful knees or ankles?

Swollen, stiff, or painful joints?

Pain in your legs after walking short distances?

Foot problems?

Back problems?

Stomach or intestinal problems, such as recurrent heartburn, ulcers, constipation or diarrhea?

Significant vision or hearing problems?

Seizures?

Asthma?

Diabetes? Type 1 or Type 2? other blood-sugar problems?

Injuries to back, arms, legs or joints?

Broken bones?

Further details:

List any self-prescribed medications or dietary supplements you are taking:

Date of your last complete physical examination?

Do you have any drug allergies?

Family History

Have you or your relatives had any of the following? (include grandparents, aunts, uncles, parents and siblings, exclude cousins, and relatives by marriage)

Heart attacks under age 50?

Strokes under age 50?

High blood pressure?

Elevated cholesterol?

Diabetes?

Asthma?

Congenital heart disease (existing at birth but not hereditary)?

Heart operations?

Obesity (more than 20 pounds overweight)