



HEALTH HISTORY UPDATE – Existing Members
The Hope Chest Exercise and Dragon Boat Program

Date: _____

First Name: _____ Last Name: _____

Street Address: _____

City/Town: _____ Zip Code: _____

Home Phone: _____ Work P: _____ Cell P: _____

E-Mail Address: _____

Number of years with the team: _____ Date of Birth: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: (1) _____ (2) _____

Updates to your Previous Health History

Any new conditions? Yes/No Please List: (1) _____
(2) _____

Any new joint problems/fractures: Yes/No _____

Any new surgeries? Yes/No _____

Any new medications? Yes/No

Any new supplements? Yes/No

Please list all medications and supplements you are currently taking:

Medication:	Taking For:

Supplement:	Taking For:

Anything Else? _____

Signature: _____