

**LONG BEACH CITY COLLEGE
ADAPTED PHYSICAL EDUCATION
HEALTH HISTORY QUESTIONNAIRE
PLEASE FILL OUT COMPLETELY**

Name _____ Date _____

Address _____ Birthday _____

City _____ State _____ Zip _____ Age _____

Phone number: Day _____ Evening _____

Social Security Number _____

In case of emergency contact: _____

Address _____

City _____ State _____ Zip _____

HEALTH HISTORY

1. Medical diagnosis (include date of onset or occurrence):

2. List all medications you are presently taking:

Medication	Dose	Purpose	Side Effects
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Record of medical services received (include names of hospitals, approximate dates of care, types of therapy received and for how long treatment was received):

4. Were you officially discharged from therapy while an inpatient? Yes _____ No _____
When? _____ As an outpatient? Yes _____ No _____ When? _____

5. Were you referred to the Long Beach City College Adapted Physical Education program? By whom?

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

6. Present medical condition (describe your current medical and physical status):

7. Are you currently under a doctor's care? Yes _____ No _____ If yes:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

8. What do you hope to accomplish through your participation in the Long Beach City College Adapted Physical Education program?

9. Describe any participation in physical activity you have had in the past year.

10. Explain your responses to the physical activity you had in the past year.

Activity

Concern

11. Are there any particular activities you would most like to perform?

12. Are there any precautions to exercise for you that you are aware of?

Activity

Precaution

Thank you for taking the time to complete this questionnaire.

Sincerely,

Long Beach City College
Adapted Physical Education Faculty