



General Health Screen

NAME _____

ADDRESS _____

E-MAIL _____

PHONE _____

Before beginning A.M.P. neurofitness training, it is important for us to gain some general health information about you to optimize your experience and provide a safe environment. Please check any of the boxes below that pertain to your health history.

- Diabetes
- High Blood Pressure
- Asthma
- Arthritis (joints affected: _____)
- Cancer (type: _____)
- Joint Pain (joints affected: _____)
- Joint Replacements (list joint and date: _____)
- Cardiac Issues (describe: _____)
- Other: _____

If you are participating in A.M.P. Group Classes, please review the requirements below:

- › Able to walk 500 feet independently and without assistive devices
- › Able to get in/out of a chair without assistance
- › Able to move from standing to floor provided a chair
- › Able to stand for up to 15 minutes without assistance
- › No history of falls in the last 3 months
- › Cooperative and understanding of the needs of a group

Please sign below to acknowledge the information above is accurate, to the best of your knowledge.

SIGNATURE: _____

DATE: _____