Full name of the participant:

Medical History Form

★ *Please email the completed form to info.mentor4health@gmail.com 24 hours prior to the first training*

Dear participant, welcome to Mentor4Health. I am happy that you want to train with me.

I would like to inform you that your data will be treated confidentially and information will not be passed on to third parties. I ask you to answer the questions to the best of your knowledge and fill in any additional information.

Personal data:

Full Name: _____
Last First

Address: _____
Street Address Number

_____
City State ZIP Code

Birth Date: _____

Phone: _____ E-Mail: _____

Sports / Hobbies: _____

Profession: _____

☐ Standing

☐ Sitting

☐ A lot of movement

Health status:

Full name of the participant:

	YES	NO
Hunchback	☐	☐
Hollow back	☐	☐
Scoliosis	☐	☐
Tension of the musculature	☐	☐

If yes, where and since when? _____

	YES	NO
Back pain	☐	☐

If yes, where and since when? _____

	YES	NO
Joint problems	☐	☐
Sliding vertebra	☐	☐
Osteoarthritis	☐	☐
Lumbago	☐	☐
Osteoporosis	☐	☐
Rheumatism	☐	☐
Orthopedic (hip / knee)	☐	☐

Full name of the participant:

	YES	NO
Pregnancy	☐	☐

	YES	NO
Herniated disc	☐	☐

If yes, where and since when? Previous treatments? _____

	YES	NO
Injuries (fractures/accidents)	☐	☐

If yes, where and since when? Are you still struggling? _____

	YES	NO
Cardiovascular diseases	☐	☐

	YES	NO
Hypertension	☐	☐

	YES	NO
Pulmonary diseases	☐	☐

Other? _____

	YES	NO
Stress	☐	☐

	YES	NO
Sleep disorders	☐	☐

	YES	NO
Headaches/migraines	☐	☐

Full name of the participant:

	YES	NO
Depressive mood	☐	☐

If there are serious health restrictions, I need a doctor's approval before starting a training.

Any changes please inform me immediately (especially pregnancies).

Motivation for course participation / goals:

☐ Relaxation

☐ Increase of the general well-being

☐ Stress reduction

☐ Relief of (back) pain

☐ Mood improvement

☐ Improvement or restoration of mobility, flexibility and strength

☐ Concentration, mindfulness

☐ Posture training

☐ Activate own resources

☐ Reduction of stress hormones

☐ Optimization of lifestyle (behavioral change)

☐ Improvement of the immune defense

I have read the above questions and confirm that I understand the purpose of the survey.

Signature: _____ Date: _____