



The Downtown Sports Clinics - TD Square
300, 304 – 8th Ave S.W.
Calgary, AB T2P 1C2
Phone: (403) 233-7007

Name: _____ Referral By: _____
Address: _____ City: _____ Postal Code: _____
Telephone: Home: _____ Work: _____
Age: _____ Sex: _____
Type of Employment: _____
Family Physician: _____
Medications: _____
Supplements(vitamins/minerals): _____

Personal Health History(please check those that apply)

Asthma___ Osteoporosis___ Eating Disorders___ Diabetes___ Irritable Bowel___ Hypertension___
Cardiovascular Disease___ Hypoglycemia___ Depression___ High Blood Cholesterol___ Arthritis___
Migraines___ Colitis/Crohns___ Cancer___ Ulcers___ Chronic Fatigue Syndrome___
Allergies___ (please list: _____)
Other _____

Family Health History:

Cancer___ Diabetes___ Cardiovascular Disease___ Osteoporosis___
Other _____

Please indicate any symptoms you may have or occasionally suffer from:

Prolonged Fatigue___ Constipation___ Acne___
Gas/Indigestion___ Headaches___ Menopausal Symptoms___
Sinus Pain___ Eczema___ Ear Infection___
Cold/Flu/Coughs___ Bloating___ Canker/Cold Sores___

Please check those factors you consider to be essential for you to achieve optimal health:

Assessment of nutritional status___
Improving eating habits___
Decreasing body fat levels___
Increasing lean body mass___
Incorporating healthy meal & menu ideas___
Assessing food sensitivities & intolerances___
Motivation, support & encouragement___
Other Concerns: _____

