

Rohr Fitness & Safety, Inc.

**Onsen Therapy
Medical History Form**

Name _____ Date _____

Address _____

Phone: h _____ w _____ c _____

E-mail _____ Age _____ Occupation _____

Current medical complaints: _____

Major Illnesses and hospitalizations: _____

Other physical/emotional health problems: _____

Medications: _____

Medical professional: _____

Other therapeutic professionals: _____

Soft Tissue Injuries: _____

Structural Injuries: _____

Weight Issues: _____

Current Exercise & Activities: _____

Past Exercise & Activities : _____