



# Full Circle Fitness

## EUGENE

1711 Willamette St #302  
Eugene, OR 97401  
fullcirclefitnessseugene.com

### Health History, Medications, Supplements

Name \_\_\_\_\_ Date \_\_\_\_\_

Thinking back ten years, please list any surgeries, conditions diagnosed by a physician, injuries, or chronic conditions you have experienced.

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Please list any medications you currently take, dosages, and conditions they are treating. Be sure to include medications prescribed by a doctor, over-the-counter medications, and nutritional or dietary supplements.

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