

**Bluestem Wellness Centers**  
**Health History Questionnaire**



Today's Date \_\_\_\_\_  
Name \_\_\_\_\_  
Sex: M F    Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_  
Email \_\_\_\_\_

**Emergency contacts**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Medical history**

\_\_\_\_ Heart disease / cardiac surgery    \_\_\_\_ **Diabetes**  
\_\_\_\_ Heart attack (MI)    \_\_\_\_ **Hypertension**  
\_\_\_\_ Epilepsy    \_\_\_\_ **Emphysema**  
\_\_\_\_ Fatigue    \_\_\_\_ **Lung disease**  
\_\_\_\_ **Angina / chest pain**    \_\_\_\_ **High blood pressure / taking medications**  
\_\_\_\_ **High cholesterol levels**    Total cholesterol \_\_\_\_\_    HDL \_\_\_\_\_  
\_\_\_\_ **Asthma**    Exercise-induced? \_\_\_\_ Yes \_\_\_\_ No

Other \_\_\_\_\_

\_\_\_\_ Cancer    Type of cancer \_\_\_\_\_

Do you exercise regularly? \_\_\_\_ Yes \_\_\_\_ No

Do you smoke? \_\_\_\_ Yes \_\_\_\_ No

Do you have a family medical history of heart disease? \_\_\_\_ Yes \_\_\_\_ No

Please list each family member's relationship to you, and the ages at which they experienced heart attack:

\_\_\_\_\_  
\_\_\_\_\_

**Please complete the reverse side of this questionnaire.**

# Bluestem Wellness Centers Health History Questionnaire



Do you have any medical limitations that would restrict your participation in activity?

\_\_\_ Yes \_\_\_ No

If yes, please specify \_\_\_\_\_

Do you have a pacemaker? \_\_\_ Yes \_\_\_ No

In your blood relatives, is there a history of any of these conditions?

\_\_\_ Diabetes                      \_\_\_ High blood pressure

\_\_\_ Stroke                         \_\_\_ High cholesterol

List surgeries you have had and the date each took place \_\_\_\_\_

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List all your medications, dosages and reasons for taking the medications \_\_\_\_\_

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List any allergies you have \_\_\_\_\_

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I understand and acknowledge there are inherent risks associated with exercise and use of exercise equipment and facilities, such as those available at the Hesston Wellness Center and North Newton Wellness Center, and I agree that all exercise and activities that I engage in at the Hesston Wellness Center and North Newton Wellness Center will be done at my own risk. I waive my right to any claims against the Hesston Wellness Center, North Newton Wellness Center, or affiliated agents, which may arise out of any activity, event, use of the Hesston Wellness Center or North Newton Wellness Center equipment or facilities, or my presence on the premises, including personal injury, theft and all property damage, even if caused by negligence of any of these persons. However, I am not waiving any claims to the extent it may be based upon gross negligence or willful misconduct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Bluestem Wellness Centers**  
**Membership Application Agreement**



Primary Location \_\_\_\_\_ Type \_\_\_\_\_  
\_\_\_\_\_ Hesston \_\_\_\_\_ New  
\_\_\_\_\_ North Newton \_\_\_\_\_ Renewal

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Sex: M F Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Bluestem Membership Type**

_____ Single adult	_____ Adult couple	_____ Student 14-18 years + college
_____ Senior (62) couple	_____ Staff SV	_____ Corporate _____
_____ Senior (62) single	_____ Staff KB	_____ Family add-on (FAO)
_____ SV resident	_____ Hickory Homes	1. _____ Age _____
_____ KB resident		2. _____ Age _____
		3. _____ Age _____

**Membership Length**

\_\_\_\_\_ Payroll \_\_\_\_\_ SV / KB resident \_\_\_\_\_ Bank draft \_\_\_\_\_ Quarterly \_\_\_\_\_ Annual \_\_\_\_\_ Other

If membership is a bank draft, your payment will be \$ \_\_\_\_\_ per month, drafted on approximately the 8th of each month.

Membership begins \_\_\_\_\_ Expires \_\_\_\_\_

\* Payroll, Schowalter Villa / Kidron Bethel resident and bank draft memberships do not have an expiration date.

One-time, \$25 enrollment fee for new members or applicable corporate members.

30-day written notice required to cancel any membership. No refunds.

Amount paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Bill \_\_\_\_\_

\* Member may use "Bill" option only if signing up through applicable corporate memberships. See white notebook.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Original: Wellness Center file Copy: Member

**Bluestem Wellness Center Locations & Contacts:**

3001 Ivy Dr. ■ North Newton, KS 67117 ■ 316-836-4843 ■ Fax 316-284-0173 ■ andreau@bluestemks.org  
701 S. Main ■ Hesston KS, 67062 ■ 620-327-2323 ■ Fax 620-327-3495 ■ jasonj@bluestemks.org