



Cape Cod
National Seashore



CAPE COD HEALTHCARE

Healthy Parks, Healthy People

PARTICIPANT FORM

DATE _____ BIRTHDATE _____

GENDER _____ ZIP CODE _____

PERSONAL MEDICAL HISTORY (Y/N)

- _____ Hypertension (high blood pressure)
- _____ Hyperlipidemia (high cholesterol)
- _____ Diabetes
- _____ Heart Disease
- _____ Coronary artery disease
- _____ Heart Failure
- _____ Tobacco use – current
- _____ Tobacco use – past
- _____ Family history of heart disease or stroke
(first degree relative only)
- _____ Stress

SOCIAL HISTORY (Y/N)

- _____ Do you exercise regularly?
- _____ If you answered “yes,” do you exercise more than 5 days each week?
- _____ Do you exercise for longer than 30 minutes when you do exercise?

WEIGHT _____ HEIGHT _____