



Client Information

Name _____ Date _____

Address _____

Home Phone _____

Work Phone _____

Mobile Phone _____

E-mail Address _____

Birthday _____

How Did You Hear About Us? _____

Emergency Contact Information

Name _____ Relation _____

Phone Numbers (h) _____ (w) _____ (m) _____

Are you currently exercising? Circle one Y or N If Yes, what are you doing?

What is your primary goal?

Primary Doctor _____ Phone Number _____

Address _____

___ Yes, you may contact him/her regarding my exercise program.

___ No you may not contact him/her.

Specialist _____ Specialty _____

Phone Number _____

Address _____

___ Yes, you may contact him/her regarding my exercise program.

___ No you may not contact him/her