



Client Intake Form

Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____ Occupation _____

Emergency Contact _____ With phone number _____

Medical/Health Issues/Medications currently taking (i.e. low/high blood pressure, arthritis, asthma, diabetes, etc.)

Please list any accidents, injuries, and operations with dates.

Please list any areas of concern or areas of pain.

What are your hobbies and activities? What other forms of exercise do you routinely participate in?

* _____	* _____
* _____	* _____
* _____	* _____

What are your goals?
