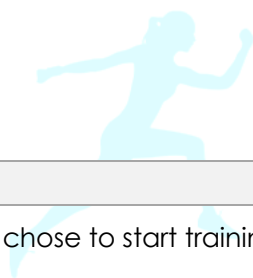


## NEW CLIENT FORM

Client Name:			
Age	Height:	Current Weight:	
Phone Number:		Email Address:	
Date:			

### GOALS

- Please List below your any goals you wish to accomplish during your training:



### MOTIVATIONS

- Please list the reasons/motivations you chose to start training:

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- Please rate your motivation for training 1-10 (*1- Not Motivated 10 – Extremely Motivated*):

### PAST HISTORY

- Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.)
- Have you ever had any surgeries? (If yes, please explain.)

- Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.)
- Are you currently taking any medication? (If yes, please list.)

## LIFESTYLE

- What is your current occupation?
- Does your occupation require extended periods of sitting?
- Does your occupation require extended periods of repetitive movements? (If yes, please explain.)
- Does your occupation require you to wear shoes with a heel (dress shoes)?
- Does your occupation cause you anxiety (mental stress)?
- Hobbies/Interests:



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- Any exercise or training experience:

#### AVAILABILITY

- How frequently are you expecting to train per week?



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