Client Survey and Health History

Name:____ Date:____________________
Address:__________________________________ City, State__________________ Zip:_______
Phone: Home________________________ Mobile:____________________________________
Email:____Occupation_________________________

Birth date:_____/_____/_____ Preferred Contact method (circle): phone/email/text

Referred by:____
In the event of an emergency contact: ____
Emergency Contact address and phone number:____

____

History: Please describe current or past injuries, accidents, or chronic diseases:

____

____

____

____

____

Have you had, or currently have:

_____High Blood Pressure _____Osteoporosis _____Surgery _____Back Pain

_____Heart Problems _____Diabetes _____Asthma _____Whiplash

_____Arthritis/Joint Problems _____High Cholesterol _____Scoliosis _____Dizziness

_____Respiratory Disease _____Sprains/Fractures _____Cancer _____Other ____________

Please explain____

____

____

Medications you are now taking____

____

Have you ever been pregnant? _________

Any other pain or symptoms we should be aware of?

____

____

Are you under the care of a doctor, physical therapist, chiropractor, or medical professional?

____

Current exercise routine/activities:____

____

____

Would you describe your current lifestyle as: Extremely active Active moderately active somewhat active not active/sedentary (circle one)

Past exercise/activity experience:____

____

Are you satisfied with your body/weight? ______________________________________

Do you smoke? ____________________ Rate your current stress level(1-10)______________

How many hours of sleep do you average each night? ______

Are you ok with hands-on adjustments (in-person training)? Yes / No (circle)

Goals:____

____

Do you currently have home exercise equipment? If so please list in detail (e.g., poundage of dumbbells, types of resistance bands, TRX, weight bench, step bench, etc.):____

____

____

Are you on a diet/eating plan? Describe, and any nutritional goals/anything else you'd like us to know:____

____

____

____

I confirm that the above information I have provided is up-to-date, complete, and accurate.

Signature____

Printed Name____

Date_____/______/______