

Client Consultation Information

Name:
Age:
Gender:
Phone:
Email:
Address:

Indicate any of the following which currently exist, or has ever existed, for you:

<input type="checkbox"/> Anemia	<input type="checkbox"/> Joint Problems	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Kidney Problems
<input type="checkbox"/> Asthma	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Back pain/injury	<input type="checkbox"/> Lung Disease
<input type="checkbox"/> Bursitis	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Cancer	<input type="checkbox"/> Ulcer
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Weight Problems	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Chest Pains
<input type="checkbox"/> Heart problems	<input type="checkbox"/> Frequent Dizziness	<input type="checkbox"/> Thyroid Issues	<input type="checkbox"/> Low Blood Pressure
<input type="checkbox"/> Hernia	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Frequent Headaches
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Neurological Disorder	
<input type="checkbox"/> Other (Explain: _____)			

Please share any medical conditions, medications/supplements, surgeries, family medical history, or other medical considerations that may impact your training:

How would you rate your current fitness level?

<input type="checkbox"/> Poor	<input type="checkbox"/> Good
<input type="checkbox"/> Average	<input type="checkbox"/> Excellent
<input type="checkbox"/> Above Average	<input type="checkbox"/> Competitive Athlete

Please describe your general health including relevant lifestyle choices, stress level, exercise habits, work activities, energy level, sleep quality, diet choices, etc:

Please share your fitness goals and any other considerations which would help you successfully achieve your personal goals:

List any other factors which might affect your safe participation in a fitness program: