

Contact Information Sheet

Client Information

Name:

Mailing Address:

City:

Postal Code:

Date of Birth (mm/dd/yyyy):

e-mail address:

Phone #:

Alternate Phone #:

Medical and Personal Trainer Contacts

Family Physician:

Phone #:

e-mail address:

Personal Trainer:

Phone #:

email address:

Please ensure that the following documentation is enclosed:

- Complete Intake Assessment Form
- Signed Waiver Form
- Recent Body Composition Analysis (if applicable)
- Recent Bloodwork (if applicable)
- Copy of Current Training Program

Client Brief Intake Assessment Form

Note: This form is a preliminary assessment and not designed to diagnose, prognosticate or treat any condition.

A. Goals & Chief Concerns

a. Your Personal Goals

1)

2)

b. Chief Concerns

1)

2)

B. Injury / Rehabilitation Information

Current & Past Injuries

Date of Injury

C. Supplementation / Nutrition

a. How would you rate your current nutritional knowledge? Please circle

limited 1 2 3 4 5 6 7 8 9 10 extensive

b. Would you be open to any supplementation? Please circle.

Yes Maybe No

D. General Health Status *cont*

c. Current Medications

- i. List names, dosages, time of day taken, and the date that you began taking the medication. Attach a separate sheet if needed.

<u>Name</u>	<u>Dosage</u>	<u>Time of Day</u>	<u>Date</u>
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- ii. Do you experience adverse effects from any of the above medication? Explain. Attach a separate sheet if needed.

d. Lifestyle

- i. What is your current occupation?

- ii. List any hobbies that you enjoy.

- iii. Are you exposed to toxins or environmental hazards due to occupation/home/hobbies?

D. Medical / Family History

- a. Have you been diagnosed with any of the following? (circle all that apply)

abscesses	depression	heart disease	tonsillitis	syphilis	rheumatic fever
alcoholism	diabetes	hepatitis	mumps	rubella	mononucleosis
allergies	emphysema	herpes	parasites	scarlet fever	sinusitis
amnesia	epilepsy	influenza	tuberculosis	malaria	whooping cough
pelvic inflam.	sexual abuse	typhoid	cancer	gonorrhoea	chicken pox
arthritis	gall stones	kidney disease	skin disease	venereal disease	asthma
goiter	leukemia	peritonitis	strep throat	warts	hay fever
gout	measles	pneumonia	sunstroke	worms	cold sores
miscarriage	prostatitis	stroke	yellow fever		hay
other: (please list)					