

Health/Medical Information

Name: _____

Telephone Number: _____

Email address: _____

Date: _____

Are you pregnant? Yes: _____ **No:** _____

Have you been pregnant? Yes: _____ **No:** _____ **When?:** _____

What physical activities do you enjoy most? Do you play any sports? Did you play any sports through high school or college?

What has been your activity level the past 6 weeks? And the past 6 months? How often do you exercise for at least 30 minutes?

Any history of injuries or illness? Orthopedic concerns?

What do you want to focus on?

Weight loss:

Reduce risk of Disease:

Strength Gains:

Cardiovascular Health:

Stress Relief:

Improve Energy Level:

Flexibility:

Exercise more regularly:

Injury Rehabilitation:

Improve Balance and Coordination:

Improve Eating Habits:

Greater Motivation:

Sports Specific Training:

Other: