PRECISION

STRENGTH | WELLNESS

MOVE • FUEL • RECOVER • CONNECT

CLIENT INTAKE FORM

Please Print Clearly		
Name:	Date of Birth:	Age:
Address:		
City, State, Zip:		
Home Phone:	Work Phone:	
Employer:	Occupation:	

Please answer the following questions (circle one):	
Has a doctor diagnosed you with a heart condition?	Yes No
Have you ever had angina pectoris, sharp pain,m or heavy pressure in your chest as a result of exercise, walking, or other physical activity such as climbing stairs? (Not including the normal out of breath feeling that results from normal activity)	Yes No
Do you experience any sharp pain or extreme tightness in your chest in cold temperatures?	Yes No
Have you ever had a real or suspected heart attack, coronary occlusion, myocardial infarction, coronary insufficiency, or thrombosis?	Yes No
Have you ever had rheumatic fever?	Yes No
Do you have or have you had diabetes, hypertension, or high blood pressure?	Yes No
Have you ever or do you take medications or been on a special diet to lower your cholesterol?	Yes No
Have you ever taken digitalis, quinine, or any other drug for your heart?	Yes No
Do you have a physical condition, impairment or disability, including a joint or muscle problem, that should be considered before you begin a fitness program?	Yes No

Please answer the following questions:	
What is your primary fitness goal?	
What date would you like to achieve your goal by?	
How often do you currently exercise each week?	
What is your primary motivation for achieving your goal?	
How serious are you about achieving your goal? 1 = Not motivated, 5 = Very Motivated (Circle one)	1 2 3 4 5
What are the biggest barriers to your success?	
Do you have anyone currently supporting you in the pursuit of your goals? Yes No If so, who?	