

Today's Date: _____



Fitness, Wellness and Prevention Evaluation

General Information:

Client's Name: _____ Date of Birth: ___ / ___ / ___ Age: _____

How did you hear about us?: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phones (please check box for best contact number):

Home: _____ Work: _____ Cell: _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

**What are your goals in coming for wellness/prevention?
Check all that you would like to improve or prevent loss of:**

Balance/
Stability

Endurance
 Energy

Flexibility
 Posture

Sleep
 Strength

Circle any areas that limit your functional capacity:

L R L R R L L R



Past Medical History (please include past surgeries, previous injuries, health conditions we should be aware of):

BACKGROUND INFORMATION

What type of work do you? _____

Do you have children? _____ If so, what ages? _____

Recreational Activities/Hobbies? _____

Amount and type of exercise per week? _____