



Name \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Goals:

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Current/Past Exercise Regime:

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Physical Ailments (Check all that apply):

- Arthritis
- Fibromyalgia
- Gastric Reflux
- Orthopedic/Joint (shoulder/ elbow/ spine/ hip/ knee) Problems

Anterior Cruciate Ligament Knee Injuries  Facet Joint Syndrome

Herniated or Bulging Disc

Spondylolisthesis

Stenosis

Total Hip Replacement (R and/or L)

Osteoporosis  Peripheral Neuropathy  Rheumatoid Arthritis

Other \_\_\_\_\_

Are you pregnant?  Yes  No

Prior Deliveries:

\_\_\_\_\_

Have you Ever been treated by a Physician for:

Chronic Fatigue Syndrome  Diabetes

Heart Disease  High Blood Pressure  Multiple Sclerosis  Glaucoma

Prior Surgeries:

\_\_\_\_\_

Prior Injuries, Musculoskeletal and Neuromuscular Issues:

Adhesive Capsulitis (frozen shoulder)  Carpal Tunnel Syndrome

Plantar Fasciitis  Rotator Cuff Impingement  Thoracic Outlet Syndrome

Other \_\_\_\_\_