

Mindful Movement Client Intake Form

Personal Information

NAME:
DATE:
DOB:
ADDRESS:
PHONE NUMBER:
EMAIL:
EMERGENCY CONTACT:
OCCUPATION (Please include how many hours a week you work, work conditions (seated work, computer use, manual labor, business travel, etc.):

Health History (Please attach additional pages, as needed)

Please list any injuries chronologically, including the date of injury, diagnosis, surgeries and other treatments for injury:
Please list any other medical conditions, including, but not limited to joint replacements, autoimmune disease, heart conditions, respiratory conditions, diabetes, vertigo, etc.:
Do you have osteoporosis or osteopenia?

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How have any of the conditions above affected your life (sleep, exercise, mood, etc.)?

Personal Health and Fitness Goals

Have you or are you currently working with other trainers/therapists (massage, physical therapist, chiropractor, acupuncturist, personal trainer, nutritionist, etc.?) Any other treatments for any of your conditions? Please list all:

Does pain, restricted range of motion, injury, illness or another medical condition currently prevent you from participating in activities you enjoy? If so, which activities and why?

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Please describe your current weekly fitness routine in as much detail as possible. If you don't currently follow a regular fitness routine, please list the types of exercises that you enjoy doing, even if only done sporadically. Also, please explain any obstacles to committing to a weekly fitness routine (i.e. motivation, pain, etc.)

Describe what motivates you to participate in a personal fitness program with me. Please include any specific goals in as much detail as possible: