Building healthy communities

Client Information Sheet

Trainer_____

_____	_____	_____	_____
Last Name	First Name	Membership #	Age

_____	_____	_____
Home Phone #	Alternate Phone #	E-Mail Address

Session Date: _____ Time: _____

Do you have any health conditions that could interfere with your ability to exercise?
(If yes please explain)

_____
_____
_____

Please indicate if you have any pain or discomfort in the following areas:

- Neck
- Shoulder R/L
- Hip R/L
- Back Upper/Lower
- Elbow R/L
- Wrist R/L
- Ankle R/L
- Knee R/L
- Other (please specify)_____

GOALS: Please describe what you would like to accomplish during your session with your trainer.

_____
_____
_____

How would you describe your exercise history?

- I am not currently active
- I am currently active but have begun doing so in the last 6 months.
- I participate in regular activity and have done so for more that 6 months.

Comments:

_____
_____

If you need to reschedule your appointment please give us a call @ 613-546-2647 x247.

Please leave this completed form with our Member Services Staff.

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