



May we phone them to discuss your exercise program?    Yes    No

- Back trouble
- Neck trouble
- Shoulder problems
- Knee problems
- Other joint problems
- Hypertension (high blood pressure)
- I have had surgery within the past two years

- Glaucoma
- Diabetes
- High Anxiety
- I am pregnant
- I am trying to get pregnant
- I smoke
- I have other medical concerns

If any of the above are checked, please clarify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am interested in learning more about:

- Back health
- Core stability
- Posture
- Relaxation
- Other, please clarify \_\_\_\_\_  
\_\_\_\_\_

What is your primary goal? \_\_\_\_\_  
\_\_\_\_\_

How much time do you have to devote to this? \_\_\_\_\_

When would you like to accomplish your goal? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date