

NEW CLIENT APPLICATION



NAME: _____

PHONE: _____

EMAIL: _____

INSTAGRAM: (if applicable) _____

HOW DID YOU HEAR ABOUT C FAULK FITNESS: _____

REASON FOR APPLYING:

WHAT ARE SOME OF YOUR HEALTH/FITNESS SPECIFIC GOALS:

WHAT DO YOU THINK IS HOLDING YOU BACK FROM REACHING THESE GOALS?

WITH MY HELP, ARE YOU READY TO PUT IN 110% TO REACH THESE GOALS:

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

DO YOU HAVE A PRIMARY CARE PHYSICIAN? YES / NO

HAS YOUR DOCTOR EVER SAID THAT YOU HAVE A HEART CONDITION AND THAT YOU SHOULD ONLY PERFORM PHYSICAL ACTIVITY RECOMMENDED BY A DOCTOR? YES / NO

DO YOU FEEL PAIN IN YOUR CHEST WHEN YOU PERFORM PHYSICAL ACTIVITY? YES / NO

IN THE PAST MONTH, HAVE YOU HAD CHEST PAIN WHEN YOU WERE NOT PERFORMING ANY PHYSICAL ACTIVITY? YES / NO

DO YOU LOSE YOUR BALANCE BECAUSE OF DIZZINESS OR DO YOU EVER LOSE CONSCIOUSNESS? YES / NO

DO YOU HAVE A BONE OR JOINT PROBLEM THAT COULD BE MADE WORSE BY A CHANGE IN YOUR PHYSICAL ACTIVITY? YES / NO

IS YOUR DOCTOR CURRENTLY PRESCRIBING ANY MEDICATION FOR YOUR BLOOD PRESSURE OR FOR A HEART CONDITION? YES / NO

DO YOU KNOW OF ANY OTHER REASON WHY YOU SHOULD NOT ENGAGE IN PHYSICAL ACTIVITY? YES / NO

GENERAL/MEDICAL HISTORY

WHAT IS YOUR CURRENT OCCUPATION: _____

DOES YOUR OCCUPATION REQUIRE EXTENDED PERIODS OF SITTING? YES / NO

DOES YOUR OCCUPATION REQUIRE REPETITIVE MOVEMENTS? YES / NO
(If YES, please explain)

DOES YOUR OCCUPATION CAUSE YOU MENTAL STRESS? YES / NO

HAVE YOU EVER HAD ANY INJURIES OR CHRONIC PAIN? YES / NO
(If YES, please explain)

HAVE YOU EVER HAD ANY SURGERIES? (If YES, please explain) YES / NO

HAS A MEDICAL DOCTOR EVER DIAGNOSED YOU WITH A CHRONIC DISEASE, SUCH AS HEART DISEASE, HYPERTENSION, HIGH CHOLESTEROL, OR DIABETES? (If YES, please explain) YES / NO

ARE YOU CURRENTLY TAKING ANY MEDICATION? YES / NO
(If YES, please explain)

DO YOU PARTAKE IN ANY RECREATIONAL PHYSICAL ACTIVITIES OR PLAY SPORTS? (If YES, please explain) YES / NO

ANY OTHER ADDITIONAL INFO YOU I SHOULD KNOW ABOUT YOU:

