Name: Click or tap here to enter text. Date: Click or tap to enter a date.

Phone: Click or tap here to enter text. E-mail address: Click or tap here to enter text.

**What thing(s) are you wanting to be able to do with your body, and what is your biggest limitation?**

Click or tap here to enter text.

**In 2-3 months from now, how will you know if the training sessions have been successful?**

Click or tap here to enter text.

**Present/Past History**

Have you had OR do you presently have any of the following conditions? *(Check if yes)*

[ ]  Arthritis [ ]  Diabetes (hyper or hypoglycemia)

[ ]  High or [ ]  Low blood pressure [ ]  Pregnancy – # of births Click or tap here to enter text.

[ ]  Injuries (please list): Click or tap here to enter text.

[ ]  Operations: (please list): Click or tap here to enter text.

[ ]  Other: Click or tap here to enter text.

**List any medications you are presently taking that could affect you physically during exercise -name and reason for medication(s):**

Click or tap here to enter text.

**Activity History**

1. **Are you presently employed?** Yes [ ]  No [ ]

2. **What is your present occupational position?** Click or tap here to enter text.

3. **Have you ever worked with a personal trainer or physical therapist before?** Yes [ ]  No [ ]

 **If yes, what has been helpful?** Click or tap here to enter text.

 **If yes, what was NOT helpful/successful?** Click or tap here to enter text.

4. **Do you currently participate in a regular exercise program?** Yes [ ]  No [ ]

**If yes, briefly describe:** Click or tap here to enter text.

5. **Have you ever performed resistance training exercises in the past?** Yes [ ]  No [ ]

6. **Do you have injuries that may interfere with exercising?** Yes [ ]  No [ ]

**If yes, briefly describe:** Click or tap here to enter text.

7. **Is there anything else you would like me to know before we work together?** Click or tap here to enter text.

Please email completed form to JustBreathingLLC@gmail.com – thank you!