



## Athleader Client Profile

Name	
Address	
Phone/Cell Phone	
E-mail	
Age	
Birth Date	
Weight	
Smoker or Non-Smoker	
Goals	
In What Sports Activities Do You Participate?	

## Fitness Goals

- Improve Strength
- Improve Cardiovascular Fitness
- Improve Muscle Tone
- Improve Diet/Eating Habits
- Lose Weight/Inches
- Gain Weight/Inches
- Improve Exercise/Health Habits
- Prevent Injury
- Additional Goals (List below in **comments section**)
- Rehabilitate Injury

Comments (Fitness Goals cont.):

## Hours of Availability/Preference

	7A	8	9	10	11	12N	1P	2	3	4	5	6	7	8	9
<b>Mon</b>															
<b>Tues</b>															
<b>Wed</b>															
<b>Thurs</b>															
<b>Fri</b>															
<b>Sat</b>															
<b>Sun</b>															

Please list any current problems/chronic conditions or past orthopedic surgeries

<input type="checkbox"/> Neck <input type="checkbox"/> Arm/Elbow <input type="checkbox"/> Ribs/Chest <input type="checkbox"/> Pelvis <input type="checkbox"/> Knee/Patella <input type="checkbox"/> Ankle	<input type="checkbox"/> Shoulder/Clavicle <input type="checkbox"/> Wrist/Hand <input type="checkbox"/> Spine <input type="checkbox"/> Thigh/Hips <input type="checkbox"/> Lower Leg <input type="checkbox"/> Foot/Toes
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If you have checked any of the above, please collaborate.

Are you taking any medications? If so, please list.

Sign and date that you have read and understand the page regarding orthopedic history.

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Signature

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Date