

New Client Wellness Information
All information provided in these forms will be kept confidential.

Name: _____ **Birthdate:** _____ **Today's Date:** _____

Phone: _____ (May I text you?) Y/N **Email:** _____

May I add you to my email newsletter? YES _____ NO _____ You may unsubscribe any time.

Goals: What are your most important priorities today for your health and wellness?

What activities do you LOVE to do? (even if you're not doing them right now)

Lifestyle: How many days per week are you physically active? Please tell me what you do.

Please rate your ability for the following on a scale of 1-10 (10 is perfect).

Fall asleep

Stay asleep/Fall back asleep if you wake up in the night

Manage stress

Positive Self-Talk (What you say to yourself in your head)

Digest food easily (without cramps, constipation or diarrhea)

Hydrate enough that your urine is pale yellow

Request help from your support system

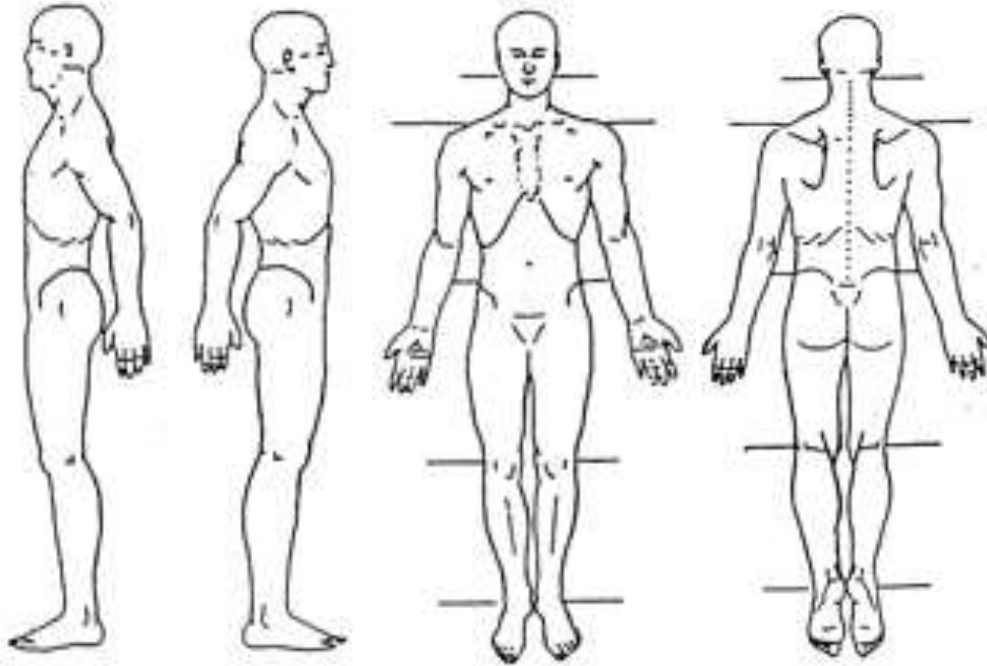
Have enough energy to do what's important to you

What strategies do you use to manage stress?

What else would you like me to know about you, your habits, your life and your world?

Please return to Joan Craig in person or via email: Joan@choosejoyfulhealth.com
Questions? Call (864) 561-5925. Find tools for healthy lifestyle at ChooseJoyfulHealth.com.

Please mark location of any discomfort on the images below. Consider discomfort level this week, give each location a number from 1-10. Please mark areas that are painful, stiff or numb/tingling.



Previous Injuries: _____

Previous Surgeries: _____

For areas that you want to address now, have you received medical diagnosis and from whom?

What caused your discomfort? Include any specific event or stress-related event.

What movements or situations trigger the pain?

Specifically, what has helped you so far?

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Physical Activity Readiness Questionnaire (PAR Q)

YES or NO

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?

PAR Q: Adapted from ACSM's Health/Fitness Facility Standards and Guidelines, 1997 by American College of Sports Medicine

List medications and the reasons you take them:

Disclaimer: A fitness professional is not a medical doctor. Any chart or questionnaire does not replace the need for a medical exam and should not be used to defer seeking advice from a trained medical professional.

Cancellation Policy: I understand that if I do not show up for my appointment, or if I cancel within 24 hours, I will be charged 100% of the fee.

Release from Liability by Adult Regarding Participation in a Fitness Program

This Agreement made this _____ (**date**), between Joan Craig who resides at 940 River Road, Greer, SC, 29651 in Greenville County hereinafter referred to as **Trainer**, and _____ (**name of client**), who resides at _____ (**street address, city, county, state, zip code**), hereinafter referred to as "**Client.**"

Whereas, *Trainer* is a certified Personal Trainer who primarily works with his/her clients at their home, and at yoga studios and fitness centers; and

Whereas, *Client* desires to retain *Trainer* to serve as his/her Personal Trainer instructing and overseeing an exercise program for *Client*; and

Whereas, *Trainer* requires potential clients to sign a release prior to agreeing to serve as a client's personal trainer;

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Now, therefore, for and in consideration of being allowed to participate in fitness classes and conditioning activities designed and overseen by *Trainer* including, but not limited to exercise, yoga, nutrition guidance, stress management, and wellness coaching, the undersigned *Participant* does hereby release *Trainer* from any liability which may or could occur by reason of any personal injury or property damage suffered by *Client* regardless of the cause or alleged cause of such personal injury or property damage.

The undersigned *Client* understands that he/she will be voluntarily participating in activities which may expose him/her to some level of risk or injury, and *Client* represents that he/she is aware of the nature of these activities and agrees to accept any and all risks associated with participation in these activities.

The undersigned represents that I am in good physical health, and agrees that unless I notify *Trainer* in writing that I am unable to participate in an activity due to some physical or mental considerations, I will be allowed to participate in all such training program. Furthermore, in consideration of *Trainer* allowing the me to participate in these activities, I agree to hold *Trainer* harmless and indemnify *Trainer* against loss (including reasonable attorneys' fees) from any and all claims of negligence, demands, rights, or causes of actions of any kind or nature that may hereafter at any time be made or brought by me or on my behalf for any known or unknown, foreseen or unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by me as a direct or indirect result of participating in the aforementioned fitness and training activities.

CAUTION: READ BEFORE SIGNING

By signing below, I acknowledge that I understand that I am entitled to have an attorney of my own choosing to review this release prior to signing. I have read the foregoing release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of negligence as defined above resulting from my participation in the activities described above.

Witness my signature as of _____ (*date*).

Printed Name

Signature of Client