Client Information

1. Please explain any details regarding your medical history that you feel would be important for me to know.
2. Any serious illnesses, hospitalizations, injuries?
3. Do you suffer from pain, stiffness, or swelling? If so, where?
4. Please list any medications/supplements you take.
5. What do you most hope to get out of our time together?
6. Anything else specific that you would like to accomplish?
7. What do you do for fun? (Hobbies, etc.)
8. What way can I best hold you accountable and come alongside you?