New Client Questionnaire

Client's Name_____

Date:_____

Name of person filling out this form_____

Relationship to client_____

Who is medically responsible for the client?

_____

Contact information:

_____

Who is financially responsible for the client?

_____

Contact information:

_____

How are sessions scheduled?

_____

Whom do we contact if a session needs to be canceled or changed?

_____

What is the training location?

_____

What is the procedure for entering and exiting the training location?

_____

Who else is part of the client's care team?

_____

Will others be present during the fitness training sessions?

_____

Who do we communicate with regarding the client?

To whom do we send information regarding our sessions?

What is the client's specific diagnosis?

What are the client's symptoms?
