

Union Yoga and Fitness Client Intake Form

Name _____ Date _____

Address _____

Phone Number _____ Email _____

Date of Birth _____ Emergency Contact _____

Emergency Contact's Phone Number _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

YES NO

Has a doctor ever said you have a heart condition and that you should perform only physical activity recommended by a doctor?		
Do you feel pain in your chest when you perform physical activity?		
In the past month, have you had chest pain when you were not performing any physical activity?		
Do you lose your balance because of dizziness or do you lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing any medication for your blood pressure or heart condition?		
Do you have any reason why you should not engage in physical activity?		

If you answered YES to one or more of the above questions, consult your doctor before engaging in physical activity. Tell your physician which questions you answered YES. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

MEDICAL HISTORY

YES NO

Have you ever had any injuries or chronic pain? (If YES, please explain.)		
Have you ever had any surgeries? (If YES, please explain.)		
Has a medical doctor ever diagnosed you with a chronic disease, such as heart disease, hypertension, high cholesterol, or diabetes? (If YES, please explain.)		
Are you currently taking any medication? (If YES, please explain.)		

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OCCUPATIONAL

YES NO

What is your current occupation?		
Does it require you to sit for long periods of time?		
Does your occupation require repetitive movements (If YES, please explain.)		
Does your occupation require you to wear high heels?		
Does your occupation cause you mental stress?		

RECREATIONAL

YES NO

Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If YES, please explain.)		
Do you have any additional hobbies (reading, video games, etc.)? (If YES, please explain.)		

Is there any additional informational you think I should know? If yes, please explain:

Please list three goals for your fitness?

1. _____

2. _____

3. _____