

Client Health & Information Form

Please fill out the following questionnaire to help me get to know you and serve you best during our time together. Thank you!

Personal Information

NAME: _____ BIRTHDATE: ___/___/___ AGE: _____

OCCUPATION: _____ PHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

Physical Activity & Medical Questionnaire

1. Have you ever been told by a physician that you should only participate in medically supervised activity? Y/N
If yes, why? _____

2. Do you have chest pain brought on by physical activity? Y/N

3. Do you tend to lose consciousness or fall over as a result of dizziness? Y/N

4. Has a doctor recommended medication for blood pressure and/or a heart condition? Y/N

If yes, explain: _____

5. Do you have a bone or joint problem that could be aggravated by physical activity? Y/N

Please explain: _____

6. Have any metal parts been implanted in your body? Ex. Plates, screws, etc. Y/N

Please explain: _____

7. Do you have, or have you previously had, any of the following conditions?

- | | | |
|---------------------------------------|---------------------|--------------|
| a. Heart Condition | Y/N/Meds _____ | |
| b. Diabetes | Y/N/Meds _____ | |
| c. Asthma | Y/N/Meds _____ | |
| d. Angina | Y/N/Meds _____ | |
| e. High Blood Pressure | Y/N/Meds _____ | |
| f. Migraines | Y/N/Meds _____ | |
| g. Depression/Anxiety | Y/N/Meds _____ | |
| h. Bursitis | Y/N/Meds _____ | Where? _____ |
| i. Arthritis | Y/N/Meds _____ | Where? _____ |
| j. Hernia | Y/N/Meds _____ | Where? _____ |
| k. Cancer | Y/N/Meds _____ | Where? _____ |
| l. Back Pain | Y/N/Meds _____ | Where? _____ |
| m. Recent Surgery | Y/N/Meds _____ | Where? _____ |
| n. Pregnancy | Y/N/Due Date _____ | |
| o. Eating Disorder or Body Dysmorphia | Y/N/Treatment _____ | |

Please explain any other details regarding your medical history (injuries, etc) that you feel would be important for me to know before beginning our exercise program.

What do you most hope to get out of our time together? (Check all that apply)

Weight Loss Weight Gain Increased Flexibility Nutritional Guidance
 Increased Muscle Tone Decreased Body Fat Increased Strength Stress Relief
 Other (Please Explain) _____

I am interested in: (Check all that apply)

Yoga Pilates Strength Training Tracking Body Measurements
 Meditation. Other (Please Explain) _____

Is there something specific that you would like to accomplish? _____

Do you prefer music while you work out? Y/N/Type _____

I would like to use my own I want Mandelee to provide the tunes.

I have the following exercise equipment at home: _____

What is your favorite hobby or interest? What do you do for fun? _____

I certify that the above statements are true and correct. I understand that I should consult my physician before beginning any exercise program.

Signature: _____ Date: _____

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