

**Client Questionnaire:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Birth Date: \_\_\_/\_\_\_/\_\_\_

**Accident and Injury History-please tell us about all accidents and injuries including but not limited to any permanent problems: (please use back of sheet for additional room)**

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**Have you now, or have had in the past:**

History of heart problems, chest pain, or stroke Y / N  
High blood pressure Y / N  
Low blood Pressure Y / N  
Any chronic illness, condition, or syndrome Y / N  
Advice from a physician not to exercise Y / N  
History of breathing or lung problems Y / N  
Diabetes or thyroid condition Y / N  
Smoking habit Y / N  
Alcohol drinking habit (2 or more drinks/day) Y / N  
History of heart problems in your immediate family Y / N  
Difficulty with physical activities Y / N

**Please explain any yes answers below:**

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**How many times per week are you currently exercising?**

\_\_\_\_\_ Type \_\_\_\_\_

**How long do you typically spend per exercise session?** \_\_\_\_\_

**How many minutes/morning and minutes/evening do you have to commit to your new program:** \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

**Have you experienced any barriers to achieving your fitness goals in the past?**

**Please**

**explain:** \_\_\_\_\_

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**What are you trying to accomplish by working with a movement and conditioning specialist?** \_\_\_\_\_

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# Waiver and Release

I agree to abide by the rules of Energy Balance Inc. including the completion of a pre-activity screening questionnaire prior to participation in any physical activities at Energy Balance Inc. I further agree that all use of Energy Balance Inc.'s facilities, programs, and services shall be undertaken at my sole risk and that Energy Balance Inc. shall not be liable for any injuries, accidents, or death occurring to me, including those resulting from Energy Balance Inc.'s negligence, arising either by directly or indirectly out of my participation in, or use of, Energy Balance Inc.'s facilities, programs, and services. I, for myself and on behalf of my executors, administrators, heirs, and assigns, do hereby expressly release, discharge, waive, relinquish, and covenant not to sue Energy Balance Inc., its affiliates, officers, directors, agents, or employees for all such claims, demands, injuries, damages, or causes of action, including those resulting from Energy Balance Inc.'s negligence, arising either directly or indirectly out of my participation in, or use of Energy Balance Inc.'s facilities, programs, and services.

I declare that I have completed Energy Balance Inc.'s pre-activity screening questionnaire and that I am physically able to participate in physical activity. Furthermore, I acknowledge that Energy Balance Inc. has advised me to obtain a physician's clearance in the event the answers on the pre-activity screening questionnaire indicate that I should not participate in a program of physical activity without a physician's clearance, or if Energy Balance Inc. is unsure of my physical health yet I maintain that I am physically capable of pursuing physical activity in Energy Balance Inc. without such steps being taken or has done so.

Individual's signature \_\_\_\_\_  
Date \_\_\_\_\_

Staff witness signature \_\_\_\_\_  
Date \_\_\_\_\_



**To reach our office from the North**

**Take I-25 Southbound and exit on Colorado Blvd. Make a left onto Colorado Blvd and take it North to E Alameda Drive. Turn east on Alameda, take a slight right onto Leetsdale Dr., turn right onto S. Forest, Take first left into the parking lot of the "Key Bank" building, enter through the south side of building, pass MRI facility, suite 105 will be on your left.**

**To reach our office from the South**

**Take I-25 Northbound and exit on Colorado Blvd. Make a right onto Colorado Blvd and take it North to E Alameda Drive. Turn east on Alameda, take a slight right onto Leetsdale Dr., turn right onto S. Forest, Take first left into the parking lot of the "Key Bank" building, enter through the south side of building, pass MRI facility, suite 105 will be on your left.**

To view your map, click on the link below or copy and paste it to your browser:

<http://www.mapquest.com/maps?city=Denver&state=CO&address=5250+Leetsdale+Drive+Suite+105&zipcode=80246#a/maps/m::11:39.72052:-104.929712:0::/e>