



New Client Intake Form

Please Answer the Following Questions:

1. Name:
2. Birthdate:
3. Address:
4. Phone #:
5. E-mail:
6. Best contact method:
 - A. call
 - B. text
 - C. email
 - D. other
7. How did you hear about Expect Results?
8. What goal(s) would you like to achieve?
9. Medical History (please list):
 - E. Recent injuries?
 - F. Recent surgeries?
- G. Cardiovascular disease? *yes* *no*
- H. High/Low blood pressure? *yes* *no*
- I. Diabetes? *yes* *no*
- J. Currently pregnant? *yes* *no*
 - If yes, due date?
- K. Pregnancy history?
 - pregnancies:
 - deliveries:
 - types (c-section or vaginal):
 - miscarriages:
 - dates:
 - complications:
- L. Any medical disease/disorder that could prevent you from participating in vigorous physical activity?
10. Medications/Supplements (please list):
11. Emergency Contact:
 1. Name:
 2. Relationship:
 3. Contact #: