



New Client Intake Questionnaire

The Body Tailor
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Name:		Today's Date:	
Home #:	Work #:	Cell #:	
Street address:		City:	State:
Zip:	E-mail:		
Weight:	Target:	N/A <input type="checkbox"/>	Height: Sex: Age:

Please check the all that apply to your reasons for coming to The Body Tailor:									
Improve Aesthetics	<input type="checkbox"/>	Improve Flexibility	<input type="checkbox"/>	Rehabilitation of injury or lifestyle	<input type="checkbox"/>	Mood / Depression	<input type="checkbox"/>	Body/Mind Awareness	<input type="checkbox"/>
Weight Loss	<input type="checkbox"/>	Injury Prevention	<input type="checkbox"/>	Post-Rehab. re-injury prevention	<input type="checkbox"/>	Emotional Balance	<input type="checkbox"/>	Courage / Self-Confidence	<input type="checkbox"/>
Build Muscle &/or Strength	<input type="checkbox"/>	Reduce Stress	<input type="checkbox"/>	Improve Daily Function	<input type="checkbox"/>	Spiritual Balance	<input type="checkbox"/>	Nurture Creativity	<input type="checkbox"/>
Sports Performance	<input type="checkbox"/>	Increase Energy	<input type="checkbox"/>	Improve Cardio Function	<input type="checkbox"/>	Hormone Balance	<input type="checkbox"/>	Consciousness	<input type="checkbox"/>
Job performance	<input type="checkbox"/>	Increase Longevity	<input type="checkbox"/>	Acute Pain Reduction	<input type="checkbox"/>	Cholesterol Concerns	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Reduce Back Pain	<input type="checkbox"/>	Bone Density	<input type="checkbox"/>	Illness or Disease	<input type="checkbox"/>	Blood Sugar Control	<input type="checkbox"/>	Other:	<input type="checkbox"/>
My #1 priority:									

How would you like to make use of The Body Tailor? Check any that apply.

Body Tailor Client: Regular weekly training, including all initial and follow up evaluations, nutrition and lifestyle coaching, and training program design, all performed as needed.	<input type="checkbox"/>
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OR:

<i>Evaluation and Assessment:</i> Identify and evaluate any obstacle to your performance. We provide guidance in areas ranging from pain and disease to athletic plateaus and weakness.	<input type="checkbox"/>
<i>Training Program Design:</i> Exact written instructions on what exercise to do, and when to do it.	<input type="checkbox"/>
<i>Nutrition and Lifestyle Coaching:</i> Testing and guidance on eating & living for health & vitality.	<input type="checkbox"/>
<i>Periodic Training:</i> Working with a Body Tailor coach at least 1x pr month.	<input type="checkbox"/>
<i>Advice and consultation on your current routine:</i> You are the primary designer of your program. We make sure you are moving correctly, and that your training matches your objectives.	<input type="checkbox"/>
<i>Physical Therapy:</i> Post surgical / injury manipulation and rehabilitation.	<input type="checkbox"/>
How long do you expect to work together?	Less then 4 sessions. <input type="checkbox"/> 10 sessions or more. <input type="checkbox"/>

I would like my primary practitioner to be:



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Please explain your goals: Our time together is all about you. What do you want to accomplish?

What stops you from achieving your goals?

Training Program Design: Be honest with yourself, what will you actually do?

How many days per week are you willing to dedicate to training?

Which Days will be in the gym? M T W Th F S Su

Which Days will be at home? M T W Th F S Su

How much time total would you like to spend in each session?

What have you tried doing to improve your health?

What have been the results?

Do you play any sports now?

What sports did you play as a youth?

Are you currently strength training? Please explain

Are you currently doing aerobic / cardiovascular training? Please explain

Are you currently doing flexibility training? Please explain

Do you have any history of strength / aerobic / flexibility training? Please explain

Please describe your normal *daily* food intake. What do you eat for...

Breakfast

Lunch

Dinner

Snack

Where are your ancestors from?

Mom's side

Parents-parents grandparents....

Dad's side



Liability Waiver



Trainer:
Client:
Date & Time:

Name:		Today's Date:		
Home #:	Work #:	Cell #:		
Street address:		City:	State:	
Zip:	E-mail:			
Weight:	Target weight:	Height:	Sex:	Age:

I, the undersigned, have read, understood, and have answered the above survey/questionnaire fully and truthfully. I am aware of my responsibilities to consult with my personal physician regarding my medical fitness to engage in an Exercise plan. I do hereby intend to be legally bound for myself and waive release of any and all rights and claims for damages I may have against the training facility and the exercise professional administering the Exercise program provided to me.

I understand that any guidance in nutrition and lifestyle is advice and not prescription. I take full responsibility for any and all nutrition and lifestyle changes I undertake. I am aware of my responsibilities to consult with my personal physician regarding any changes to my current nutrition and lifestyle. I do hereby intend to be legally bound for myself and waive release of any and all rights and claims for damages I may have against the training facility and the Holistic Lifestyle coach administering the nutrition and lifestyle advice to me.

Does The Body Tailor have permission to consult with other medical professionals involved with your treatment in regard to your condition?

Client Signature		Date	
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