



New Client Assessment Form

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Please indicate your preferred method of contact (Please circle): home work cell email

Home Phone (____) ____ - ____

Birth Date ____/____/____ Age ____

Work Phone (____) ____ - ____

Email Address: _____

Cell Phone (____) ____ - ____

Height ____' ____" Weight ____ Sex ____

Occupation _____

Marital Status _____

Do you have children? Yes No

Age of children _____

Are you pregnant? Yes No Due date _____

Primary Care Provider _____ Date of last physical exam _____

Would you like to receive email notifications regarding how to live healthy? _____

If yes, please sign _____

How did you hear about us?(circle)friend, online search, social media, other

Know someone that could benefit from joining us?(please write at least one name)

Past Medical and Surgical History

Please indicate whether you or your relatives* have been diagnosed with any of the following diseases or symptoms (specify which relative and date of diagnosis) *Relatives include: parents, grandparents, siblings.

Illness/Disease/Symptom	Self: Age Diagnosed	Relative: Age Diagnosed	Describe/Specify

List any hospitalizations in the last 5 years: _____

Do you smoke (please circle)? Never In the Past Currently How long? _____

Alcohol use: Never In the past Currently Type/amount/frequency _____

Medication, Supplement, and Antibiotic Intake

Please provide the names of any medications, supplements and/or antibiotics and the dosage you are currently taking.

Medication/Supplement/ Antibiotic	Dose	Units	Frequency	Start Date	Stop Date
Example: One-a-Day (brand) Men's Multivitamin	1200	Mg	Daily	08/12/2007	Current

Are you allergic to any medications? Yes No Please list: _____

Lifestyle:

Are you regularly active in sports and/or exercise? Does anything limit you?

What other types of movement and/or activities do you do?

Indicate daily stressors and rate the level of stress from 1 (extremely low) to 10 (extremely high)

Work _____ Family _____ Social _____ Financial _____ Health _____ Other _____

What helps you unwind? _____

On average, how many hours of sleep do you get? Weekdays _____ Weekends _____

Weight History

Would you like to weigh today (please circle)? Yes No

Height ____' ____" Weight _____ Desired body weight _____

Have you had any recent changes in your weight that you are concerned about (please circle)? Yes No

If yes, please explain: _____

Diet History:

What barriers are preventing you from achieving your nutrition goals?

In the past, I have tried the following techniques, diets, behaviors, etc. to reach my nutrition goals...

On a scale of 1 (not willing) to 5 (very willing), please indicate your readiness/willingness to do the following:

To improve your health, how ready/willing are you to:	1	2	3	4	5
Significantly modify your diet					
Keep a record of everything you eat each day					
Modify your lifestyle (ex: work demands, sleep habits, physical activity)					
Practice relaxation techniques					
Engage in regular exercise/physical activity					

Do you follow any special diet or have diet restrictions or limitations for any reason (health, cultural, religious or other)? Yes No If so, please describe _____

Please list any food allergies, sensitivities or intolerances _____

Do you find cooking difficult? Yes No Please describe _____

Which meals do you eat regularly, circle all of the following that apply:

Breakfast Lunch Dinner/Supper Snacks (time_____)

12-Hour Appointment Cancellation Required

BootyLab has a 12-hour cancellation/rescheduling policy. If you miss your appointment, cancel, or change your appointment with **less than 12 hours' notice, you will be charged for the visit in full.** This policy includes the strength lab and personal training sessions.

Thank you for understanding and your cooperation.

I _____ have seen and read the **Cancellation Policy** and understand it completely.

Please sign: _____ Date: _____

I _____ have seen and read the **Booty Lab Liability Waiver** and understand it completely. (This will be shown when you come in.)

Please sign: _____ Date: _____

I _____ have seen and read the **Booty Lab Contract Agreement Terms** and understand it completely. (This will be shown when you come in.)

Please sign: _____ Date: _____