



## CLIENT ASSESSMENT FORM

<b>Name</b> <i>(Last, First, M.I.):</i>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>
<b>Address</b>	Phone	<b>Email</b>
<b>Marital status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<b>Smoker</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Exercise Frequency:</b>	<input type="checkbox"/> None <input type="checkbox"/> Mild (1x/week) <input type="checkbox"/> Occasionally (less than 4x/week) <input type="checkbox"/> Regularly (At least 4x/week)	

### EMERGENCY CONTACT

<b>Name of Contact:</b>	<b>Relationship of Contact:</b>	<b>Emergency Phone:</b>
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### PERSONAL HEALTH HISTORY

List any medical problems that you have been diagnosed with:

  
  
  
  
  

### GOALS

What areas would you like to work on? (ie. Weight loss Conditioning, Strength training, muscle tone)

  
  

What are your short term goals and how soon would you like to accomplish them?

  
  

What are your long term goals and how soon would you like to accomplish them?

  
  

### PARTICIPATION WAIVER

I have volunteered to participate in a class, course or program containing physical exercise under the direction of OT Grindtime but may not be limited to weight/or resistance training. In consideration OT Grindtime agreement to instruct, assist, and train me, I do here release and discharge and hereby hold harmless OT Grindtime, and their respective agents, heirs, assigns, contractors and employees from any and all claims, demands, damages, rights or causes of action, present and future, arising out of or connected with my participation in this or any program including any injuries resulting from them. This waiver and release from liability includes, without limitation, injuries which may occur as a result of (1) my use of all amenities and equipment of Ot Grindtime, and facilities or premises and my participation in any activity, class program, training or instruction (2) Equipment that may malfunction or break (3) their negligent instruction or supervision (4) any slipping and/ or falling dropping of equipment while training with OT Grindtime.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_