



CLIENT INTAKE FORM

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Occupation/Sport: _____ Level: _____

Team: _____ School: _____

Season Start Date: _____

Physicians Name: _____ Phone: _____

Select the Services You Are Interested In:

Performance Training: ___ Speed Training: ___ Lifestyle Training: ___

Nutrition Guidance: ___ Joga: ___ Sport Psychology: ___

Chiropractic: ___ Massage: ___ Blog Access: ___

PLEASE RETURN INTAKE FORM NO LATER THAN 48 HOURS AFTER CONSULT

Personal Info:

What made you decide to enroll in DJ47? _____

What is your primary goal in joining DJ47? _____

How did you hear about DJ47? _____

On a scale of 1-10, how would you rate your current fitness level (1=worst, 10=best)? _____

Health PAR-Q Form	Please mark YES or NO to the following:	YES	NO
1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		___	___
2. Do you feel pain in your chest when you do physical activity (PA)?		___	___
3. In the past month, have you had chest pain while not doing PA?		___	___
4. Do you lose your balance because of dizziness?		___	___
5. Do you have a bone, joint or any other problem that causes you pain or Limitations that must be addressed when developing an exercise program?		___	___
6. Are you pregnant now or given birth in the last 6 months?		___	___
7. Have you had a recent surgery?		___	___



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- 8. Do you take any medications, either prescription or non? _____
- 9. What is the medication for? _____
- 10. Do you know of any other reason why you should not do PA? _____
- 11. If you marked yes to any of the above, please explain below:

Lifestyle Related:

Do you smoke? Yes No

Do you drink alcohol? Yes No

How many hours do you regularly sleep at night? ____

On a scale of 1-10 how would you rate your stress level? (1=low, 10=high) ____

List your top 3 sources of stress:

a. _____ b. _____ c. _____

Developing Your Program:

How often do you part take in physical exercise? _____ per week _____ duration

If your participation is lower than you would like, what is the reason?

Lack of interest Illness/Injury Lack of Time Other: _____

What activities are you presently involved in?

Speed / Movement: _____

Strength Training: _____

Stretching / Yoga: _____

Sports: _____

Which area do you need most assistance with? _____



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Realistically, how often would you like to exercise? _____ per week

Realistically, how much time would you like to spend during each exercise sessions? _____

Based on your commitment level, how often would you like to train to achieve your goals?

- 2x/week
- 3x/week
- 4x/week
- 5x/week
- Speed Only

What are the best days during the week for you to commit to your exercise program?

- M
- T
- W
- TR
- F
- S
- SU

What time of day is best for you to exercise? Morning Afternoon Evening

If you could design your own training program, what would it look like? Be specific:

What would you ultimately like to learn from DJ47? Be specific:

How many times would you like to check in with DJ per month? _____

Goal Setting:

How can I help you? Please circle all that apply:

- | | | |
|----------------|---------------------|----------------------------|
| Lose Body Fat | Develop Muscle Tone | Reduce Stress |
| Reconditioning | Nutrition Education | Sports Performance Program |
| Speed Program | Lifestyle Program | Motivation |
| Mobility | Tissue Work | Joint/Posture Correction |

Other: _____

In order to increase your chances of being successful at achieving your goals, use "SMART"

- S = Specific (provide details, how much, how long, etc)
- M = Measurable (how will you measure that you have achieved your goals)
- A = Attainable (be realistic, set smaller goals)
- R = Rewards-based (attach a reward to your goal)
- T = Time Sensitive (set specific dates for your goals)



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Please list in order of priority, the goals you would like to achieve in the next 3-12 months:

- a. _____
- b. _____
- c. _____

Where do you rate health in your life? Unhealthy Average Healthy

What do you think the most important thing DJ47 can do to help you reach these goals?

List what you feel are the obstacles or potential actions, behaviours or activities that could impede your progress towards accomplishing your goals?

List three methods that you plan on overcoming these obstacles:

- a. _____ b. _____ c. _____

Nutrition:

On a scale of 1-5, how would you rate your nutrition (1=poor, 5=excellent)? _____

Have you worked with a sports dietician/nutritionist previously? Yes No

If Yes, please indicate: Group Individual

Do you have specific goals, questions or concerns that you would like to discuss with a sport dietician? Yes No

Which of the following nutrition-related goals are you interested in working on?

- Improve Training Decrease Fatigue Endurance Recovery Improve Competition Fueling
- Muscle Gain Fat Loss Optimizing Hydration Other: _____



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Please circle all of the following that apply to you:

- | | | | | | |
|-------------------|------------|------------|------------------|----------|-------------|
| Nausea | Diarrhea | Low Fat | Vegan/Vegetarian | Bloating | Gluten Free |
| High Protein | Dairy Free | Sleep | Cramping | Low Iron | Fatigue |
| Mood Disturbances | Anxiety | Live Alone | Constipation | | |

Have you intentionally or unintentionally had a change in your weight over the past 2-3 months?

Stable ___ Increased ___ Decreased ___ Unsure__

Have you had any injuries and or illness in the past 6-12 months that have restricted your training for a week or longer? Yes No

If yes, what was the injury or illness, and how long did it compromise training for?

Do you eat differently when you are alone? Yes No

If yes, explain what this is like for you:

If you are female, have you missed your period for longer than 3 consecutive months in the past year? Yes No

If yes, please indicate when this occurred:

How many times throughout the day do you eat? _____

Do you skip meals? Yes No

Do you eat late at night? Yes No

How much water do you consume daily? _____

What kinds of food do you regularly eat?

How many calories do you consume a day? _____

Which (if any) supplements are you taking? _____



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Participation Release and Acknowledgement of Agreement

I, _____, wish to participate in the training program offered by DJ47. I understand there are inherent risks in participating in a program of strenuous exercise; consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a training program. No change has occurred in my physical condition since the date of such approval was given which might affect my ability to participate in the training program. If a physician has not examined me, I agree to see one with sixty (60) days of the date set forth below to obtain his or her approval for the participation in my training program. If I choose not to see a physician prior to beginning a DJ47 training program, I do so strictly at my own risk. I further agree that DJ47 shall not be liable or responsible for any injuries to me resulting from my participation in the DJ47 training program (whether home, outdoors, or in a fitness facility), and I expressly release and discharge DJ47 from all claims, actions, judgements and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the DJ47 training program. This release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this term: _____ (initial)

I understand that DJ47 will make every reasonable effort to preserve the privacy of the information contained in this Client intake form. I further agree that DJ47 shall not be liable or responsible to me for any inadvertent disclosure of the information contained in the client intake form. I expressly release and discharge DJ47 from all claims, actions, judgement and the like which I or my heirs. Executors, administrators or assigns may have or claim to have as a result of any damage which may occur in connection with disclosure of private information contained in the client intake form. This release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this term: _____ (initial)

I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is requested if I have answered "yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform DJ47 of any condition or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____ (initial)

I understand that the results of any training program cannot be guaranteed any my progress depends on my effort and cooperation with the DJ47 program and out of it.

I have read and understand this term: _____ (initial)

I allow DJ47 to publish my image on any digital or print materials, the website and social channels

I have read and understand this term: _____ (initial)

PAYMENT TO BE MADE AT TIME OF MOVEMENT ASSESSMENT WITH DJ47

DJ47 Member Signature: _____

Date: _____