

ATHLETE INTAKE QUESTIONNAIRE



CONTACT & GENERAL INFO

Name: _____

Age: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

AGENT INFORMATION (if applicable)

Agent Name: _____

Agency: _____

Phone: _____

Email: _____

Emergency Phone: _____

SPORT & TRAINING

Sport/s Played: _____ Position/s: _____

What are your training goals?

What types of exercise do you participate in or enjoy? _____

How many times a week do you currently exercise? _____

HEALTH HISTORY

Do you have any *current* injuries or physical therapy we should be aware of? ☐ Yes ☐ No If yes, please describe:

Have you had *previous* surgery or serious injury? ☐ Yes ☐ No If yes, please describe and provide date/s:

Do you have any known allergies? ☐ Yes ☐ No If yes, please list: _____

Have you ever been diagnosed with a heart condition? ☐ Yes ☐ No

Do you experience chest pain during physical exertion? ☐ Yes ☐ No

Do you have high or low blood pressure? ☐ Yes ☐ No

Do you have asthma or other respiratory issues? ☐ Yes ☐ No

Do you have diabetes or any metabolic diseases? ☐ Yes ☐ No

Any other medical conditions or physical limitations we should be aware of? ☐ Yes ☐ No If yes, please list:

CONSENT

I, the undersigned, affirm that the information provided above is accurate to the best of my knowledge. I understand that it is my responsibility to consult with a physician prior to participating in any exercise program.

Print Name: _____ Date: _____

Signature: _____

Parent/Legal Guardian Signature (if under 18): _____