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Fit2Finish New Client Information

Name:
Address:

Preferred method of contact
____ Phone:
____ Email:
Emergency contact: (name and #)

Are you currently under the care of a health care provider? (MD, PT, other)

1. **What brings you to Fit2Finish? (what would you like us to address?)**

2. **What do you hope to achieve through F2F training?**

3. **Do you have any cautions or limitations?**

4. **Injuries/illness/surgery/ other medical conditions?**

5. **What is your current physical activity regime?**

6. **Anything else you'd like share?**

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