



Client Questionnaire

Name: _____ Date: ____/____/____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
Sex: M / F Age: _____ DOB: ____/____/____
Emergency Contact Name: _____ Phone Number: _____
Primary Physician Name: _____ Phone Number: _____

Medical Conditions: Indicate if you have any of the following (by circling):

Asthma	Diabetes	Hypertension	Pinched Nerve
Arthritis	Epilepsy	Hernia	Recent Surgeries
Back Problems	Fractures	Herniated Disk	
Bleeding Disorder	Heart Disease	Knee Problems	

Waiver and Release of Liability: Engineered Fitness colorado urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise program. All exercises, including the use of weights and use of any and all machinery; equipment and apparatus designed for exercising shall be at the clients sole risk. Client understands that the agreement to use, or selection of exercise programs, methods and types of equipments shall be clients entire responsibility and Engineered Fitness Colorado shall not be help liable to client for any claims, demands, injuries, damages or actions arising due to injury to clients person or property arising out of or in connect with use by client of the services. Client herby holds Engineered Fitness Colorado harmless from any and all claims that may be brought against them by clients or clients behalf for any injuries or claims.

****Client agrees to provide a minimum of 24 hours notice to Engineered Fitness Colorado in person, by phone or text to cancel a scheduled session, otherwise you will forfeit the session and will be charged for it.** We do NOT reimburse.**

I certify that the above statements are true and correct. I understand that a Doctor's note may be requested; if so requested, I shall not proceed until the note is received.

Signature: _____ Date: _____