PRIORITY ONE ...CREATING A MORE COMFORTABLE YOU.

NAME: _____
ADDRESS: _____
EMAIL: _____
PHONE: _____

1) DO YOU CURRENTLY EXERCISE REGULARLY? Y N

2) STRENGTH TRAINING ROUTINE? Y N
_____MIN. _____TIMES PER WEEK

3) CARDIO/AEROBIC EXERCISE? Y N
_____MIN. _____TIMES PER WEEK
AEROBIC ACTIVITY OF CHOICE? _____
(E.g. walk, bike, swim, elliptical etc.)

4) DO YOU PERFORM AN ACTIVITY/EXERCISE/SPORT WHICH REQUIRES REPETITIVE MOTION? Y N
PLEASE LIST: (E.g. golf, tennis, baseball, soccer)
_____

5) I AM MOST INTERESTED IN IMPROVING MY...
(CIRCLE OR NUMBER YOUR CHOICE/S)

STRENGTH BALANCE MUSCLE TONE WEIGHT LOSS

RANGE OF MOTION & FLEXIBILITY STRESS RELIEF

RECOVERY TIME (following injury/surgery/illness etc.)

6) PLEASE LIST ANY SPECIAL CONDITIONS WHICH MAY IMPACT YOUR ACTIVITY. (E.g. injury, surgery, illness, medications, pregnancy)

_____

_____

7) LIST ANY PREVIOUS (AND/OR UPCOMING) SURGERIES, REGARDLESS OF HOW MUCH TIME HAS PASSED:

_____

_____

Continued...

PLEASE SHARE SIMPLE DETAILS ABOUT YOUR AVERAGE DAY:

1) ON AVERAGE, HOW MANY HOURS DO YOU SLEEP EACH NIGHT? _____

2) PLEASE LIST YOUR ADLs (Acitivities of Daily Living) IN ORDER OF FREQUENCY/DEMAND:

SITTING ____ DRIVING ____ STANDING ____ WALKING ____
LIFTING ____ BUILDING ____ KNEELING ____

3) DO YOU EXPERIENCE ANY PARTICULAR, RECURRING PAIN OR SORENESS, NOT REFERENCED ABOVE? Y N

WHERE? _____

WHAT BRINGS ON THIS DISCOMFORT?

_____

_____

4) MOST OF MY MEALS ARE... (CIRCLE CHOICE/S)

PREPARED AT HOME PRE-MADE/STORE BOUGHT RESTAURANT
ON-THE-GO/DRIVE-THRU RAW SHAKES SNACKS
OTHER: _____

5) HOW MANY 8 oz. CUPS OF WATER DO YOU ESTIMATE YOU DRINK EACH DAY? _____

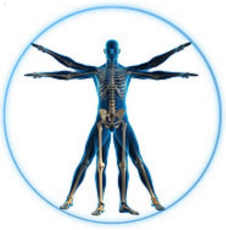
6) HOW OFTEN DO YOU CONSUME CAFFIENATED BEVERAGES?
_____CUPS PER DAY

7) MY IDEAL EXERCISE ROUTINE WOULD BE _____MIN. LONG AND I WOULD DO IT _____DAYS A WEEK.

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE/ADDRESS?

_____

_____



PRIORITY ONE
www.priorityone.us

Alexis Mason CPT, CES
978. 914. 2309 call/text