1. **I expect my current symptoms resolved and back to all my activities in:** Circle One

1 week 2 weeks 3 weeks 4 weeks 6 week 8 weeks or more

1. **Please circle your stress level:**  Low 1 2 3 4 5 High
2. **What sports/activities do you participate in?** (Check all that apply)

\_Racquet sports \_Baseball \_Soccer \_Running \_Dancing \_Basketball

\_Bowling \_Softball \_Field hockey \_Cycling \_Ice Hockey \_Football

\_Volleyball \_Golf \_Lacrosse \_Swimming \_Other:

1. **Do you have any upcoming events that you want to participate in? Any specific goals?**
* Fitness goals:
* Athletic events: Date:
* Travel/Vacations: Date:
* Weight Loss: lbs. by (date)
* Other:
1. **Are you currently involved in an exercise/fitness program?** Yes No (If no, skip to #6)
* **Is yes, what kind?** (Check all that apply)

**\_**Cardiovascular \_Weight Training \_Walking Program \_Yoga/Pilates

* **Where do you train? \_**Gym \_Home \_Other:
* **How often? \_**5-7 days/week \_3-4 days/week \_0-2 days/week
* **Is your program self-directed or do you currently see or have seen a personal trainer in the past? \_**Self-directed \_Personal Trainer (Current or Past)
* **How successful are you with your current exercise program and achieving your goals?**

 \_Successful \_Moderately Successful \_Not Successful

* **What is preventing you from achieving your goals?**(Check all that apply)

 \_Health \_Pain \_Re-Injury \_Motivation \_I don’t know what to do

1. **Do you have exercise equipment at home? If so what kind?** (Check all that apply)

 \_Treadmill \_Free Weights \_Stationary Bike \_Weight Machine \_Videos

 \_Nordic Trac \_Exercise Ball \_Elliptical \_Bands \_Pool

 \_Other:

1. **Please rate your persistence in the past for achieving fitness/performance goals:**

**\_**Exceptional \_High \_Average \_Low \_Poor

1. **How determined are you in achieving your current fitness/performance goals?**

Very High 5 4 3 2 1 Not at all

1. **Have you ever had massage/body work done before? If so, what type and how often? What did you find most beneficial?**

**Signature: Date:**