



CLIENT APPLICATION AND SCREENING FORM

Name _____ Name Called _____

Address _____

Phone # (H) _____ (C) _____

Gender _____ Age _____ Date of Birth _____

Physician's Name _____ Phone # _____

Check the following package you are registering for:

_____ **Assessment:** One time setup fee of \$50 for beginning assessment that will determine goals, obstacles, motivation, strategies and program direction. This may include body fat percentage (when available) and baseline tests: pushups, resting heart rate, blood pressure (when available), flexibility, step test, one mile walk/run test

_____ **Package 1: (\$40/month)**

- Bimonthly personalized workouts
- Bimonthly educational email blasts
- Bimonthly phone consulting checkups

_____ **Package 2: (\$55/month)**

- Weekly personalized workouts
- Weekly educational email blasts
- Weekly phone consulting checkups
- 24 hour question availability

_____ **Package 3: Couples/Small group (2-4 people)**
(\$35 per person/month)

- Bimonthly general workouts (less personalized)
- Bimonthly educational email blasts
- Bimonthly phone consulting checkups

_____ **One on One Sessions: (\$60 per 60 min session)**

- Strength training
- Cardiovascular bursts
- Flexibility
- Nutrition counseling

Health History

Name _____ Height _____ Weight _____

Blood Pressure _____ Cholesterol _____ Date of last physical _____

Are you taking any medications/prescriptions? If yes, what/how often/dosage? _____

Do you have any orthopedic challenges such as bursitis, tendinitis, or issues with back, shoulders, knees, etc.? _____

Please list recent surgeries, injuries or illnesses: _____

Are you currently involved in a regular exercise program? If yes, please describe: _____

Other physical/medical conditions or pertinent information we should know about: _____

Consent

I acknowledge, to the best of my ability, that I am in good health and have no known medical issues that would restrict my ability to participate in this exercise program. I will notify Bird LLC personnel as to any changes that may occur during the course of my tenure as a client.

Signed _____ Date _____