



HORDON HEALTH

Information Sheet

Date: _____

First Name: _____ Last Name: _____ DOB: ___/___/___

Cell Phone #: (____) _____ - _____ Email Address: _____

Home Phone #: (____) _____ - _____ Work Phone: (____) _____ - _____

Address: _____ Town/City: _____ Zip: _____

Parental Guardian (or) Emergency Contact Information

First Name: _____ Last Name: _____ DOB: ___/___/___

Cell Phone #: (____) _____ - _____ Email Address: _____

Address: _____ Town/City: _____ Zip: _____

How did you hear about us?

Current level of fitness: (daily, weekly exercise)

History of fitness: (daily, weekly history of previous periods of life)

Are you familiar with Personal Training and/or Strength & Conditioning? Y / N

If you are familiar what are your biggest concerns?

What are your 3 most important Goals?:

1.) _____

2.) _____

3.) _____

Are there any health concerns, medical conditions, or medications that you are currently on?

Administrative Only

Goal to Program Interview Date ___/___/___ Time: ___:___ Location: _____