AM
HEALTH & PERFORMANCE

Date:

Client Information Form

<table>
<tr><th colspan="6">Patient Information</th></tr>
<tr><td>☐ Dr. ☐ Mr. ☐ Mrs.
☐ Miss. ☐ Ms. ☐ Master.</td><td colspan="3">Full Name:</td><td colspan="2">Marital Status(Circle):
Single/Married/Divorced/Separated/Widow</td></tr>
<tr><td colspan="2">Country of Birth:</td><td>D.O.B</td><td>Age:</td><td colspan="2">☐ Male ☐ Female</td></tr>
<tr><td colspan="4">If patient Under 18, Name of Parent/Guardian:</td><td colspan="2">Relationship:</td></tr>
<tr><td colspan="5">Home Address:</td><td>Postcode:</td></tr>
<tr><td colspan="2">Phone (H)</td><td>Phone (M)</td><td colspan="3">Phone (W):</td></tr>
<tr><td colspan="6">Email address:</td></tr>
<tr><td colspan="3">Emergency Contact Name:</td><td colspan="2">Relationship:</td><td>Phone:</td></tr>
<tr><td colspan="6">Occupation:</td></tr>
<tr><td colspan="4">Referred to AM Health & Performance by:</td><td colspan="2">☐ Coach ☐ Website ☐ Family/Friend ☐ Other</td></tr>
<tr><th colspan="6">Sporting Information</th></tr>
<tr><td colspan="2">Current Sport/s:</td><td colspan="4">Club/Team:</td></tr>
<tr><td>Level (Circle):
Club/State/National/International</td><td colspan="5">Sporting History:</td></tr>
<tr><td colspan="6">Purpose of Strength Consultation (what you want to achieve):</td></tr>
<tr><td colspan="6">Training History:</td></tr>
<tr><td colspan="6">Current Injuries:</td></tr>
<tr><td colspan="6">Previous Injury History:</td></tr>
<tr><td colspan="3">Training Load (How much)? /Week</td><td colspan="3">What Exercise?</td></tr>
<tr><td colspan="6">What are your physical stress levels like (1 minimal – 10 major/Burnout):</td></tr>
<tr><td colspan="2">Coaches Name:</td><td colspan="4">Coaches Details:</td></tr>
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