

Living Active Fitness Consulting
"Inspiring Personal Health & Wellness"



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Client Profile & Health History

Participant Last Name _____

First Name _____

Street Address _____

City/Prov _____ Postal Code _____

Work Phone _____ Home Phone _____

Date of Birth _____ Age _____ Height _____ Weight _____

Parent's Name (if required) _____

Parent E-mail address: _____

Family Doctor _____ Phone _____

Please note any surgeries or injuries (past or present)

Foot	Left _____	Right _____
Ankle	Left _____	Right _____
Knee	Left _____	Right _____
Hip	Left _____	Right _____
Shoulder	Left _____	Right _____
Elbow`	Left _____	Right _____
Wrist	Left _____	Right _____
Hand	Left _____	Right _____
Neck	Left _____	Right _____
Back	Left _____	Right _____

Please list any other specific injuries or concerns, limitations or medical problems you (or participant) may have: _____

Medications: _____

Other comments: _____

Printed Name: _____ Signature: _____

Date: _____ Relationship to Participant (if required) _____