

**H.I.I.T 30**  
**(307) 514-0126**  
**600 E Carlson St. Ste 100 D & E**  
**Cheyenne WY 82009**

## Client Agreement

Name:		Nickname:	
Street Address:			
Phone Number:			
(C)	(H)	(W)	
E-Mail Address			
In Case of Emergency:			

Selected Services and Fees:

<b>Payment Authorization:</b> By signing this Agreement, I authorize H.I.I.T 30 to bill my credit card on a _____ basis for the above Selected Services. If I decide to cancel this (these) service(s), I agree to provide H.I.I.T 30 with thirty (30) days' notice. If my card cannot be charged for any reason, I agree to promptly provide an alternate form of payment. I agree to reimburse any fees H.I.I.T 30 incurs during payment collection. Payments that are more than five (5) days late will be subject to a \$20 late fee.	
Signature	Date
Credit Card Number:	Exp. Date:
Name as It Appears on Card:	Billing Zip Code:

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## Client Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Questions:

Questions:	Yes	No
Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
Do you feel pain in your chest when you perform physical activity?		
In the past month, have you had chest pain when you were not performing any physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which question you answered, "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

### GENERAL & MEDICAL QUESTIONNAIRE

**Occupational Questions**

1. What is your current occupation? \_\_\_\_\_
2. Does your occupation require extended periods of sitting? Y N
3. Does your occupation require extended periods of repetitive movements? Y N  
 (If yes, please explain)  
 \_\_\_\_\_
4. Does your occupation require you to wear shoes with a heel (dress shoes)? Y N
5. Does your occupation cause you anxiety (mental stress)? Y N
6. We communicate a lot on Facebook in our FitFam Group. Are you on Facebook? Y N
7. What is the name you use on Facebook? N/A \_\_\_\_\_
8. How did you hear about us? If they are a HIIT 30 current client, please give name.  
 \_\_\_\_\_

## **Client Intake Form**

### **Recreational Questions**

9. Do you partake in any recreational activities (golf, tennis, skiing, etc.)? **Y N**  
(If yes, please explain)

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10. Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? **Y N**  
(If yes, please explain)

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### **Medical Questions**

11. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? **Y N**  
(If yes, please explain)

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12. Have you ever had any surgeries? **Y N**  
(If yes, please explain)

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13. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? **Y N**  
(If yes, please explain)

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14. Are you currently taking any medication? **Y N**  
(If yes, please explain)

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