CLIENT QUESTIONNAIRE

Please complete and return to Blue Chip Training Center Inc. prior to your first scheduled session. All information received on this form will be treated as strictly confidential. Please fill out the forms **completely and accurately.** This information is essential to helping us develop a program that addresses your needs and goals in a safe and effective manner.

Name: _____ Date of Birth (M/D/Y) ____/____/____ Age: ____

Height (Inches): _____ Weight (lbs): _____

Phone: Home: _____ Cell: _____

Email: _____

Hockey Background

Current Age Group (ex. Peewee):	**Current Level (ex. B,A,AA):**	**Current Coach:**
Hopeful Team Next Year:	**Position:**	

Check all that apply.

Personal Medical Condition Medication

Y	N	
☐	☐	Coronary Heart Disease
☐	☐	Angina
☐	☐	High Blood Pressure
☐	☐	High Cholesterol
☐	☐	Peripheral Vascular Disease
☐	☐	Phlebitis or Emboli
☐	☐	Epilepsy
☐	☐	Stroke
☐	☐	Asthma
☐	☐	Bronchitis
☐	☐	Diabetes (Specify Type: _____)
☐	☐	Thyroid Conditions
☐	☐	Sleeping Disorders
☐	☐	Other (ie:) ADHD, Depression, Anxiety)
		Please Specify _____

How does this medication affect your ability to exercise?

_____

If you have marked YES to any of the above, please elaborate below;

_____

Has your Doctor limited the amount of exercise you can do due to a heart condition/underlying condition?

_____

Exercise Related Questions:

1) How often do you currently take part in physical exercise/hockey training?

5-7x/week 3-4x/week 1-2x/week

Cardio And/Or Sports	Frequency/week	Avg Length	Easy/Moderate/Hard
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Strength Training	Frequency/week	Avg Length	Easy/Moderate/Hard
	_____	_____	_____

Types of Exercises: _____

_____

Stretching/Mobility	Frequency/week	Avg Length	Easy/Moderate/Hard
	_____	_____	_____

Goal Setting:

How can we help you? Please check that which applies:

☐ Skating ☐ Stickhandling/Passing ☐ Shooting ☐ General Conditioning ☐ All of above

What are your goals for this training program? (ie: Make a team, improve personal performance, injury prevention)

_____

Number Of Sessions:

Trainer Signature_____ Client Signature:_____