



CITYWIDE SUPERSLOW®
 STRENGTH + FITNESS
 CHICAGO'S PREMIER LICENSED SUPERSLOW® FACILITY

Client Information Form

Date _____

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Male _____ Female _____ Ht _____ Wt _____

Occupation _____ Company Name _____

In case of an emergency, whom should we contact?

Name _____ Relationship _____

Home Ph _____ Work Ph _____ Cell Ph _____

How did you hear about CityWide SuperSlow?

Friend _____ Family _____ Medical Personnel _____

Name _____

Newspaper/ Magazine/ Mailer _____

TV _____ Radio _____ Other _____

Goals and Expectation

Lose Wt _____ Gain Wt _____ Reduce Body Fat _____ Increase Muscle Mass _____

Improve Tone/Shape Muscle _____ Improve Cardio Fitness _____

Increase Strength _____ Reduce Measurements _____

Increase Measurements _____ Increase Metabolism _____

Prevent Injuries _____ Increase Bone Density _____

Other _____

Physical Activity

Past/Current	Activity	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health History

Do you have any heart problems? _____

Do you have chest pains or difficulty breathing? _____

Do you have high or low blood pressure? _____

Have you had/do you have any chronic illness? _____

Do you have any limited range of motion? _____

Have you had any lymph nodes removed? _____

Have you had any recent surgeries? _____

Do you have any implants or medical appliances? _____

Are you subject to dizziness, fainting spells, or lightheadedness? _____

Do you experience frequent headaches? _____

Are you currently taking any medications? _____

Do you have or have you ever had any joint problems including knees, shoulders, etc.? _____

Do you have or have you every had any back or neck problems? _____

Have you been diagnosed with arthritis? _____

Do you have a hernia of any kind? _____

Are you diabetic? _____

I certify that all information provided on this form is true and complete. I attest to having had a medical examination within the last year that verified that I am in good health and am able to participate in a strenuous fitness program. I release CityWide SuperSlow from all claims, injuries, damages, illnesses, actions or causes of action, and from all acts of active or passive negligence on the part of the company, corporation, facility, solvents, agents, or employees.

Name _____

Signature _____ Date _____