

# ART OF STRENGTH MINNESOTA

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## CLIENT INFORMATION FORM

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_@\_\_\_\_\_  
Phone Home (\_\_\_\_\_)\_\_\_\_\_  
Mobile (\_\_\_\_\_)\_\_\_\_\_

How did you hear about Art of Strength Minnesota? (CIRCLE ONE)

Friend Name \_\_\_\_\_  
Flyer  
Internet  
Weekend Classes  
Trainer Name \_\_\_\_\_  
Other

Preferred Contact Method (CIRCLE ONE)

email      mobile phone      either mobile or email      none

Emergency Contact Information

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone (\_\_\_\_\_)\_\_\_\_\_  
Email \_\_\_\_\_@\_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
                 mo      day      yr

Any physical restrictions or injuries that we should be aware of?

Injuries/restrictions (please describe): \_\_\_\_\_

how recent? \_\_\_\_\_

Have you ever been to an AOS/Punch facility?

Do you work or live near the gym?

Have you used Kettlebells in the past? If so, when and in what way?

How would you classify yourself as an exerciser? Please circle the statement that best describes you:

**I currently  
workout**

What are you doing?

How often?

What are you looking for that your current program does not provide?

**I used to  
workout**

What did you do then?

Were you consistent?

Why did you stop?

Was it successful?

How long have you been thinking about getting back into it?

What has kept you from getting back into it in the past?

Is this still an obstacle?

**I don't workout**

What has you interested now?

How do you feel about your health and condition?

What was the best you ever felt?

What was different at that time?

How long have you been thinking about getting back into it?

What has kept you from getting back into it in the past?

Is this still an obstacle?