

# POWELL CHIROPRACTIC FUNCTIONAL TRAINING

REDESIGNING THE BODY & MIND

## INTAKE QUESTIONNAIRE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DOB: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

CURRENT WEIGHT : \_\_\_\_\_ BODY FAT% \_\_\_\_\_ BMI: \_\_\_\_\_

DESCRIBE YOURSELF IN 5 WORDS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

WHAT ARE YOUR HEALTH AND FITNESS GOALS?

\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS TO EXERCISE?

\_\_\_\_\_  
\_\_\_\_\_

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NUTRITION:

SUPPLEMENTS TAKEN DAILY:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NUTRITION GOALS:

_____
_____
_____