



FRESNO SPINE & SPORT

Performance Enhancement & Rehabilitation Center

We would like to get to know you...

Name _____

Address _____

Phone Number _____

Email _____

Who can we thank for your visit today? _____

Are you experiencing any pain? _____

Do you currently exercise? Yes/No If yes, what do you do? _____

Are you involved in? (Please circle all that apply)

Baseball Basketball Biking Football Golf Hockey Running Tennis Track Wrestling

Are you interested in? (Please circle all that apply)

Active Release Technique (ART)

Anti-aging

Agility training

General Chiropractic

Golf training

Hyperbaric Oxygen therapy

Massage therapy

Nutritional counseling

Rehabilitation services

Speed training

Sports performance

Strength training

Supplements

Toning

Weight loss

Wellness

Other (please explain) _____

Thank you for your time!

TOTAL BODY SOLUTIONS

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What do you like about yourself?

What area's of yourself are you wanting to improve?

Work

Schedule: _____

Action

Plan: _____

Measurements taken on _____ (date)

Triceps: _____

Upper Thigh _____

Waist: _____