

PACIFICA WELLNESS

CLIENT INFORMATION

Please complete the information below so that we can provide you with the best possible customer service. Pacifica Wellness adheres to a strict policy of confidentiality. Client information is kept private and is not sold to marketing firms or outside parties.

Last Name: _____ First Name: _____ Gender: F M

Address: _____ City: _____

State: _____ Zip: _____ Phones: h w c _____ h w c _____

Email: _____ D.O.B.: ____/____/____ Height: _____ft _____inches

Which services are you interested in?

Chiropractic Personal Training Massage Therapy Aroma Therapy Nutrition

What is your primary goal? _____

What is your secondary goal? _____

How many times per week are you willing to work out with a personal trainer? _____

Will this be the first time you have worked with a personal trainer? Yes No

How did you hear about Pacifica Wellness? _____

What qualities or characteristics in a personal trainer bring out the best performance and effort from you?

What time(s) on weekdays work the best for you?

<input type="checkbox"/> 5am	<input type="checkbox"/> 9am	<input type="checkbox"/> 1pm	<input type="checkbox"/> 5pm
<input type="checkbox"/> 6am	<input type="checkbox"/> 10am	<input type="checkbox"/> 2pm	<input type="checkbox"/> 6pm
<input type="checkbox"/> 7am	<input type="checkbox"/> 11am	<input type="checkbox"/> 3pm	<input type="checkbox"/> 7pm
<input type="checkbox"/> 8am	<input type="checkbox"/> 12pm	<input type="checkbox"/> 4pm	<input type="checkbox"/> 8pm

Saturday time(s)?

<input type="checkbox"/> 6am	<input type="checkbox"/> 10am	<input type="checkbox"/> 2pm
<input type="checkbox"/> 7am	<input type="checkbox"/> 11am	<input type="checkbox"/> 3pm
<input type="checkbox"/> 8am	<input type="checkbox"/> 12pm	<input type="checkbox"/> 4pm
<input type="checkbox"/> 9am	<input type="checkbox"/> 1pm	<input type="checkbox"/> 5pm

Sunday time(s)?

<input type="checkbox"/> 6am	<input type="checkbox"/> 10am
<input type="checkbox"/> 7am	<input type="checkbox"/> 11am
<input type="checkbox"/> 8am	<input type="checkbox"/> 12pm
<input type="checkbox"/> 9am	<input type="checkbox"/> 1pm

What other service(s) would you like to see Pacifica Wellness offer in the future?
