



CLIENT DETAILS

NAME:		DOB:	
PARTNER'S NAME:		DOB:	
CHILDREN Age and Name(s) if applicable			
ADDRESS:		SUBURB:	POSTCODE:
HOME PHONE:		MOBILE PHONE:	
EMAIL (HOME):		EMAIL (WORK):	
OCCUPATION:		EMPLOYER:	
WORK PHONE:		WORK FAX:	
WELCOME LETTER		PRE EX QUESTIONNAIRE	
PAYMENT METHOD		PAYMENT AMOUNT	
1ST MONTH EVALUATION		GOAL SHEET	
DD FORM FAXED		PAYMENT FREQUENCY	
DATE FITNESS CONTRACT		WAIVER / CANCELLATION POLICY	
FEE PER SESSION		INFORMATION PACK	
MID YEAR SURVEY		PRE PHONE CALL	
1ST SESSION DOCTORS NAME		LETTER SENT	
END OF YEAR SURVEY		POST PHONE CALL	

FITNESS ASSESSMENTS

DATE BOOKED			
DATE COMPLETED			

BIRTHDAY CARD

MONTH	SENT
-------	------



CLIENT DETAILS