

Kinetic Fitness Solutions Client Portfolio

Name: _____ Address: _____

E-mail: _____

Phone #: _____ DOB: _____

Please list any health issues (past and recent surgeries, high blood sugar, knee problems etc..)

Do you use an inhaler or epipen for any reason? If yes, explain. We also ask that you bring this with you to our training sessions in case of an emergency.
