



**BETTERBODIES**  
**Atlanta**

## Information Sheet

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Birthday: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please list any:**

**Current Injuries:**

\_\_\_\_\_

**Prior Surgeries:**

\_\_\_\_\_

**Medication:**

\_\_\_\_\_

\_\_\_\_\_

**Goals:**

\_\_\_\_\_

\_\_\_\_\_

**No Show policy:** please call Better Bodies by 8pm the night before a scheduled appointment in order for you to change or cancel that session, otherwise there will be a charge.

