BALANCE PHYSICAL THERAPY INC.

730 NW Gilman Blvd. Suite C-108 PH:425-391-6794
Issaquah, Washington 98027 FX:425-391-1525

Metabolic Testing Patient Information

Patient Name:_____ **DOB**: _____/_____/_____

Height:_____ **Current Weight**:_____lbs. **Sex**: _____

Pertinent Information:

General Health Concerns:_____

Nutritional Limitations: _____

Preferred Activities: _____

Limiting Factors:_____

Family History of Disease: _____

Goals:

General:_____

Weight:_____

Health:_____

Social:_____

Other:

_____

_____

_____

_____

Are you interested in:

- ☐ Increasing your Cardiovascular Fitness
- ☐ Increasing your Strength
- ☐ Increasing your Metabolism
- ☐ Receiving Nutritional Information
- ☐ One-on-One Exercise Classes
- ☐ Other