



**Apex Athletic Performance and Rehabilitation**  
**Dr. David Eric Boll, DC, CKTP, NASM-PES**

**Confidential Client Information**

Legal Name (First, Middle, Last) \_\_\_\_\_ Date Completed \_\_\_\_\_

I prefer to be called \_\_\_\_\_ Referred by \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Circle your call preference in case we need to contact you.

Email address \_\_\_\_\_

Do you give us permission to send you via email newsletters, scheduling information and other pertinent information ? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of today \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Martial Status S M D W

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse Name \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact and contact Information \_\_\_\_\_

Describe any current medical/physical complaints or conditions you have \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did they begin (if known) \_\_\_\_\_

When did they occur/how long have you had the complaints? \_\_\_\_\_

Please list all medications you are currently taking and what condition they are for:

\_\_\_\_\_

Please list any prior surgeries and/or hospitalizations and their approximate dates:

\_\_\_\_\_  
\_\_\_\_\_

Please list any prior injuries, accidents or traumas to include work injuries (W), Auto accidents (A) or other injuries and dates:

\_\_\_\_\_  
\_\_\_\_\_

Anything else you would like Coach to know about you?



**251 Highland, Adell WI 53001**  
**p- 920.450.6066**

**ApexAthleticPerformance.com**

**ApexAthletic@ wi.rr.com**  
**f- 866.470.6516**

**f- Apex Athletic Performance and Rehabilitation**

**t - Apex\_Athletic**