



Mountain Fitness Research Client Intake Form

First Name		Last Name	
Email		Phone	

Location		Age	
Height		Weight	

Experience				
<input type="checkbox"/> Climbing	<input type="checkbox"/> Beg	<input type="checkbox"/> Int	<input type="checkbox"/> Adv	<input type="checkbox"/> Elite
<input type="checkbox"/> Mountaineering	<input type="checkbox"/> Beg	<input type="checkbox"/> Int	<input type="checkbox"/> Adv	<input type="checkbox"/> Elite
<input type="checkbox"/> Other:				

Training and/or Event Goals (Please list)			
____/____/____	____/____/____	____/____/____	____/____/____

Current Training (Please list)			
<input type="checkbox"/> Cardio	<input type="checkbox"/> Strength	<input type="checkbox"/> Cross	<input type="checkbox"/> Skills

Training Tools & Equipment (Please list)			
<input type="checkbox"/> Home	<input type="checkbox"/> Climbing Gym	<input type="checkbox"/> Fitness Gym	<input type="checkbox"/> Heart Rate Monitor <input type="checkbox"/> Spirometer <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Other

Outdoor Access

- Trails – Length _____
How many? _____
- Hills – Elevation _____
How many? _____
- Rock Climbing
Location _____
Route(s) _____
Level _____

- Location _____
Route(s) _____
Level _____

- Location _____
Route(s) _____
Level _____

- Mountain(s)
Name _____
Route(s) _____
Elevation _____
Distance _____

- Name _____
Route(s) _____
Elevation _____
Distance _____

- Name _____
Route(s) _____
Elevation _____
Distance _____

Weekly Schedule and/or Constraints

Morning	Afternoon	Evening
M	M	M
T	T	T
W	W	W
T	T	T
F	F	F
S	S	S
S	S	S

Other:

Travel, Vacations and/or Best Days Off

____/____/____ to ____/____/____	____/____/____ to ____/____/____	____/____/____ to ____/____/____	____/____/____ to ____/____/____
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Injuries and/or Health Concerns

<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulders	<input type="checkbox"/> Head/Brain	<input type="checkbox"/> Digestive
<input type="checkbox"/> Spine	<input type="checkbox"/> Elbow/Hand	<input type="checkbox"/> Heart	<input type="checkbox"/> Disease
<input type="checkbox"/> Hips	<input type="checkbox"/> Knees/Feet	<input type="checkbox"/> Lungs	<input type="checkbox"/> Other

Any other information relating to your goal

Rich Rife and Mountain Fitness Research, Inc are neither physicians, healthcare providers, physical therapists nor dieticians and the information presented on this intake and training plan written, in video, or in audio are experimental, experiential, and exploratory in nature. Before beginning any diet or fitness program, you should visit your primary healthcare provider to determine your status to proceed.

