

NEW CLIENT INTAKE



Name: _____ Birthday: _____

Phone Number: _____ Email Address: _____

Address: _____

Allergies: _____

What issues have brought you in to Golden Biohack today?

How many times per week do you do cardio (walking, biking, hiking, etc)? What kind?

How many times per week do you strength train? _____

Describe your strength-training regimen. _____

Have you ever tried meditation? _____

How did you hear about Golden Biohack? _____

Do you have any experience with Biohacking?

What are your fitness goals?

What are your aesthetic goals?

What are your cognitive goals?

Client Signature: _____

Printed Name: _____

Date: _____

Please, before commencing biohacking at Golden Biohack:

Sign Golden Biohack waiver and register as a New Client in our biohacking portal, Golden Biohack MINDBODY app.
See a staff person for assistance if needed.