



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

Confidential Client Information July 27-31 Camp- Student-Athlete

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

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

Parents Names \_\_\_\_\_

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 \_\_\_\_\_

School \_\_\_\_\_ Sports Participating \_\_\_\_\_

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?

Parent/Guardian Signature \_\_\_\_\_



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