



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA George Wellbeing Center Client Profile

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

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

Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_  I am 18 Years of age or older

Gender  Female  Male  Non-binary  Transgender  Prefer not to say  Other \_\_\_\_\_

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

How many hours do you work per week?  Less than 35  35 – 40  40 – 45  45 – 50  Greater than 50

What are the primary physical requirements of your job?  Phone | Computer  Sitting  Standing  Lifting  Travel  Other

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### PRIMARY HEALTH CARE PROVIDER INFORMATION

Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

### CLIENT PROFILE

What is your marital status?  Single  Married  Living with Significant Other  Divorced  Separated  Widowed

What is your race?  American Indian or Alaskan Native  Asian or Pacific Islander  Black/African American  Hispanic

Middle Eastern or North african (MENA)  White  Other, please list \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
(please print)

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