



TECHNOLOGY AND WORKFLOW ASSESSMENT- DETAILED FORM

COMPANY DEMOGRAPHICS

Company Name: _____

Contact Person: _____ Contact Phone: _____

Contact Email: _____

Best Contact Method: Phone Email Doesn't Matter

Business Type: Gym Boutique Fitness Weight Loss (non-medical) Medical Weight Loss

Other (please describe): _____

MEMBERSHIP INFORMATION

Number of members/patients: 1-99 100-249 250-999 1000+ Monthly attrition? _____

New members each month: _____ Average cost of membership: \$ _____ (if tiered, please describe below): _____

Please briefly describe your primary demographics (age, gender etc...): _____

Number of unique visits per week: 1-99 100-249 250-999 1000+

All information provided will remain confidential and only be used for the intended purpose.



SERVICES AND REVENUES

Number of fitness trainers: _____

Do you offer nutrition services like weight loss, performance nutrition etc... Yes No

Do you offer (circle applicable): Group Fitness Personal Training Small Group Fitness/Functional Trn.

How much do you charge for: Group fitness: \$_____ Personal training: \$_____ Fxn Trn \$_____

What are your monthly revenues from group/personal training combined? \$ _____

How much do you budget annually for: Technology: \$_____ Equipment: \$_____

Do you sell products like supplements? Yes No Monthly revenue \$_____

Do you sell anything else and what are revenues? _____

FITNESS ASSESSMENTS

How do you currently assess fitness (circle all that apply):

Calipers Hand held BIA Laying down BIA Full body standing BIA

Measurements CO2 Breath Acetone RMR V02 Max

Other (please describe): _____

GOALS:

What are your goals (however you define them): _____

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