



TECHNOLOGY AND WORKFLOW ASSESSMENT- SHORT 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+

New members each month: _____ Average cost of membership: \$ _____

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

SERVICES AND REVENUES

Number of fitness trainers: _____

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

Do you budget annually for technology? Yes No

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): _____
