

SERVING FIT - GETTING TO KNOW YOU

All answers contained in this questionnaire are strictly confidential and will become part of your fitness file.

GENERAL INFORMATION - REQUIRED

Name <i>(Last, First)</i>	<input type="checkbox"/> M <input type="checkbox"/> F	Date:
Email:	Cell:	DOB:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed		
Who to contact in case of an emergency:		Emergency phone:

HOW DID YOU HEAR ABOUT SERVING FIT AND DATE OF PARTICIPATION - REQUIRED

How did you learn about us?	<input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Gym/Personal Trainer <input type="checkbox"/> Church/Business <input type="checkbox"/> Other:	
Fitness class/or time you see yourself using.	<input type="checkbox"/> 7:30 - 8:30 am	<input type="checkbox"/> 4:30 - 5:30 pm
	<input type="checkbox"/> 8:30 - 9:30 am	<input type="checkbox"/> 5:30 - 6:30 pm
	Please list desired time if not listed -----> <input type="checkbox"/> Other:	<input type="checkbox"/> Other:
List any medical problems you feel would be <u>beneficial for us to know</u> prior to you working out. - i.e. high blood pressure, diabetes, heart problems, asthma/breathing issues, shoulder/neck or back issues, etc...		

HEALTH HABITS AND PERSONAL SAFETY (OPTIONAL, BUT HELPFUL)

****ALL ANSWERS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL****

Lifestyle <small>(check all that apply)</small>	<input type="checkbox"/> Sedentary (No exercise)	
	<input type="checkbox"/> Mild exercise or beginner at best (i.e., climb stairs, walk 3 blocks, golf)	
	<input type="checkbox"/> Occasional vigorous exercise (i.e., workout or recreation, less than 4x/week for minimum of 30 minutes.)	
	<input type="checkbox"/> Regular vigorous exercise (i.e., workout or recreation 4x/week for minimum of 30 minutes)	
Personal Safety	Do you have frequent falls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you work in a desk job position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you work in a physically demanding job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you hydrate yourself by drinking approx 1/2 your body weight in ounces of water per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL HEALTH & FITNESS GOALS (OPTIONAL, BUT HELPFUL)

Check/Circle all that apply. Goal's are never reached without first making one! Make a plan, Work the plan, Trust the plan!

<input type="checkbox"/> Weight mgmt - lose, gain, maintain	<input type="checkbox"/> Develop consistency in fitness	<input type="checkbox"/> Work w/doctor to reduce meds
<input type="checkbox"/> Current weight _____ Goal weight _____	<input type="checkbox"/> Participate in physical fitness events	<input type="checkbox"/> Learn basic healthy meal planning
<input type="checkbox"/> Gain muscle strength	<input type="checkbox"/> Participate in running events	<input type="checkbox"/> Current energy#: 1 Low - 5 High _____
<input type="checkbox"/> Better core/balance	<input type="checkbox"/> COMPETE in Triathlon, Crossfit, Other	<input type="checkbox"/> Develop better sleep patterns
<input type="checkbox"/> Increase flexibility	<input type="checkbox"/> Learn basic healthy meal planning	<input type="checkbox"/> Current injuries:
<input type="checkbox"/> Develop more endurance	<input type="checkbox"/> Live a healthy example to others	