(I.)GENERAL INFORMATION:

j_____
Full Name: Date:
atwood
_____
Address: Zip Code:

_____ _____
Cell Phone: Work Phone:

_____
E-Mail:
hbbb
_____
Occupation:

_____ _____
Height: Weight:

_____ _____
DOB: Age:

On a scale of 1 to 10 how important is your physical fitness and endurance important to you?____

On a scale of 1 to 10 how important are your aesthetic/weight loss/body composition goals?____

On a scale of 1 to 10 how important is increasing your strength? _____

Have you lifted or strength trained in the last six months?_____

On a scale of 1 to 10 how willing are you to make significant changes to your lifestyle to achieve your goals?_____

(II.)MEDICAL HISTORY:

PLEASE LIST ANY AND ALL MEDICAL SURGERIES WITHIN THE LAST 5 YEARS OR SERIOUS ILLNESS THAT YOU STILL SUFFER FROM (Please include dates).

_____
_____
_____
_____

LIST ANY ALLERGIES OR OTHER MEDICAL CONDITIONS (Include dates).

_____
_____
_____

LIST ANY AND ALL PRESCRIPTION MEDICINES YOU CURRENTLY USE.

_____
_____
_____

WHEN WAS YOUR MOST CURRENT PHYSICAL? _____

IF YOUR PHYSICIAN MADE ANY RECOMMENDATIONS, WHAT WERE THEY?

_____
_____
_____

_____
Signature: Date