



Fitness Form

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Profession _____ Cell Phone _____

Email _____

Height _____ Weight _____

- Current level of exercise - Daily
 Twice a week
 Three times a week
 Weekly
 Less frequently

Health issues: _____

- Fitness goals: Lose weight
 Build muscle
 Firm up
 Get shredded
 Look great for specific event eg photo shoot, wedding _____

Other Pertinent Information _____
