



**PERSONAL INFORMATION QUESTIONNAIRE**

Client Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Last First MI

Street City State Zip Code

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_

School \_\_\_\_\_

**Financially responsible party if different from above:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street city State zip

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ email: \_\_\_\_\_

- How did you hear about Fitlife?
- Would you like a comprehensive body fat and nutritional analysis done by BodyTec?  
Yes/No

What goals do you want to see in the following areas of your life, and when do you want these changes to occur?

- ✓ Physical Activity: By what date:
- ✓ Strength/Endurance: By what date:
- ✓ Body Composition: By what date:
- ✓ Nutritional habits: By what date:

Do you currently participate in any form of physical activity? Yes/ No

If yes, please list these activities.

- 1.
- 2.
- 3.

I acknowledge that the information given above is accurate and is intended for the sole use of developing a safe and effective fitness program by *FITLIFE*.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_