



PERSONAL INFORMATION QUESTIONNAIRE

Name: _____
Last First MI

Home Address: _____
Street City State Zip Code

Home phone: _____ Cell phone: _____ Work Phone: _____

Emergency contact: _____ Phone: _____

Email address: _____ Occupation: _____

How long have you been in your current occupation? : _____

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.

Are you currently on a diet plan? Yes/ No

Are you currently taking vitamins or other suppliments? Yes/ No

How did you hear about Fitlife?

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 Health Systems*.

Signed: _____ Date: _____