

HEALTH AND EXERCISE QUESTIONNAIRE

To ensure you get the most out of our time together, please provide us with the following information. Any information disclosed here will be kept strictly confidential.

name: sex: age: date of birth:

mailing address: postal code:

email: best phone number to reach you on:

occupation: duties at work:

hours of work per week:

number of times in a week you engage in physical activity that is prolonged and intense enough to cause sweating and increased heart rate?

in a general would you say that your current physical fitness is:

describe your current fitness regime:

how much time you can realistically commit to exercise (in days/week): length of time/day:

medical conditions or concerns:

past injuries:

emergency contact: phone number:

doctor: phone number:

how did you hear about us/who referred you?

list your top 3 reasons for considering fitness training today:
1.
2.
3.

questions you have for us:

By indication of my initials: I consent to allow Ironside Fitness to take before & after photos of me for Ironside Fitness' records & your use (private) _____; and I consent to allow Ironside Fitness to use publish workout photos, B&A photos, and the like for publication, Facebook, &/or marketing documents _____.

"Move better, look better and live better, 45 minutes at a time!"

Bootcamps
Small Groups
Classes
Personal Training

Nutrition Coaching
Supplements
Fitness Accessories
Organic Snacks

FOR OFFICE USE ONLY

1ST SESSION DATE:

MB: _____

FP: _____

FC: _____

IE: _____

SC: _____



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