



unibody
FITNESS

FITNESS ASSESSMENT

BASIC INFORMATION

NAME: _____

AGE: _____

GENDER: _____ HEIGHT: _____ WEIGHT: _____

PRIMARY PHONE: _____

PREFERRED CONTACT METHOD: _____

SECONDARY PHONE: _____

EMAIL: _____

WHAT ARE YOUR GOALS?

DO YOU HAVE OR HAVE HAD ANY INJURIES, BEEN HOSPITALIZED, OR HAD ANY SURGERIES?

IF SO, PLEASE EXPLAIN. YES NO

CURRENT ACTIVITIES:

WATER INTAKE: _____ ALCOHOL: _____ SMOKE: _____

PRESCRIBED MEDICATION: _____

WELLNESS GOALS: _____

PRINT NAME

SIGNATURE