



TODAY'S DATE

# FITBODY STUDIO

FITNESS + SPA

2402 N NEVADA AVE  
COLORADO SPRINGS 80907  
719 447 9281  
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## ASSESSMENT SHEET

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell carrier to receive appointment reminders via text: \_\_\_\_\_

Email \_\_\_\_\_

Contact person in case of emergency: \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

## FITNESSPROFILE

- 1 Current weight \_\_\_\_\_ Current height \_\_\_\_\_
- 2 What is your desired fitness goal? \_\_\_\_\_  
\_\_\_\_\_
- 3 How long have you been at your current fitness level? \_\_\_\_\_
- 4 Describe what you would like to accomplish with your fitness during the next:
  - One session: \_\_\_\_\_
  - Six months: \_\_\_\_\_
  - One year: \_\_\_\_\_
- 5 Have you had any bad experiences or any negative feelings towards any physical activity program?  yes  no  
If yes, explain? \_\_\_\_\_  
\_\_\_\_\_
- 6 Do you begin exercise programs, but find yourself unable to stick with them?  yes  no If yes, explain why?  
\_\_\_\_\_  
\_\_\_\_\_
- 7 What is your current activity level?  
 None (0 hours)  Light (1-3 hours/week)  Moderate (4-6 hours/w eek)  Heavy (7-8 hours/week)
- 8 What are y our current cardiovascular training activities? \_\_\_\_\_  
\_\_\_\_\_
- 9 What are your current strength training activities? \_\_\_\_\_
- 10 What physical activities do you enjoy? (check all that apply)
 

<input type="checkbox"/> Jogging	<input type="checkbox"/> Aerobics Dance	<input type="checkbox"/> Cycling	<input type="checkbox"/> Team Sports
<input type="checkbox"/> Walking	<input type="checkbox"/> Racquet Sports	<input type="checkbox"/> Hiking	<input type="checkbox"/> Resistance Training
<input type="checkbox"/> Swimming	<input type="checkbox"/> Boxing	<input type="checkbox"/> Pilates	<input type="checkbox"/> Yoga
<input type="checkbox"/> Other _____			

# ASSESSMENT SHEET

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11 What are your reasons for not exercising? \_\_\_\_\_

12 Do you now, or have you had in the past:

History of heart problems, chest pain or stroke  yes  no

Increased blood pressure  yes  no

Any Chronic illness or condition  yes  no

Difficulty with physical exercise  yes  no

Advice from physician not to exercise  yes  no

Recent surgery (last 12 months)  yes  no

Pregnancy (now or within last 3 months)  yes  no

History of breathing or lung problems  yes  no

Muscle, joint or back disorder, or any previous injury or pains still affecting you  yes  no

Diabetes or thyroid condition  yes  no

Cigarette smoking habit  yes  no

More than 20% over ideal body weight  yes  no

Increased blood cholesterol  yes  no

History of heart problems in immediate family  yes  no

Hernia, or any condition that may be aggravated by lifting weights  yes  no

13 Please explain any "yes" answers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14 Do you take any medications? If yes, what kind of medication: \_\_\_\_\_

\_\_\_\_\_

15 Any other health risk you are aware of: \_\_\_\_\_

\_\_\_\_\_

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## LIFESTYLE

1 Which days of the week and at what time can you work out?

Monday - Times of day \_\_\_\_\_  Tuesday - Times of day \_\_\_\_\_

Wednesday - Times of day \_\_\_\_\_  Thursday - Times of day \_\_\_\_\_

Friday - Times of day \_\_\_\_\_  Saturday - Times of day \_\_\_\_\_

Sunday - Times of day \_\_\_\_\_

2 What is your present occupation? \_\_\_\_\_

3 Does your occupation require much activity?  yes  no

4 What are your usual leisure activities? \_\_\_\_\_

5 What type of things make you feel stressed? \_\_\_\_\_

6 How do you deal with your stress normally? \_\_\_\_\_

7 Do you feel any family, friends or co-workers have negative feelings toward your efforts at physical activity? \_\_\_\_\_

\_\_\_\_\_

8 Is your significant other or a close friend involved in any regular physical activity?  yes  no