



The information contained herein is strictly confidential.  
In order for me to design your fitness program, please answer the questions below.  
You may save and email the completed form to **bodybyange@me.com**, or print and bring it to your first assessment.

### Personal Information

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Type of Employment: \_\_\_\_\_ # Hours of work/week: \_\_\_\_\_

Please tell us how you heard about Body by Ange:

### Health History

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications (please list): \_\_\_\_\_

Supplements (please list): \_\_\_\_\_

Stress Level (please rate, 1 = little to no stress, 5 = very high stress):    1    2    3    4    5

Do you smoke?:    yes    no

Existing Medical Conditions (please check all that apply):

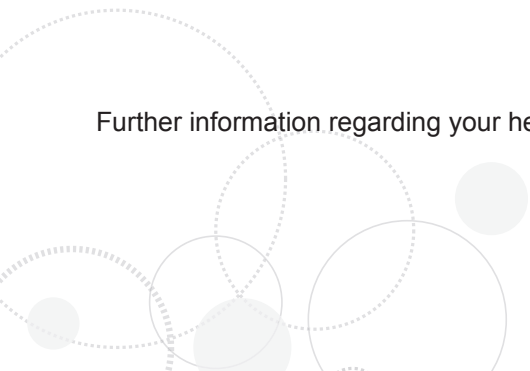
Arthritis	Asthma	Anemia	Diabetes	Epilepsy
Pregnancy	Hernia	Ulcer	Heart Condition	
Other _____				

Injuries (please circle any that apply):

Neck	Upper back	Lower back	Shoulder ( R L )	Elbow ( R L )
Wrist ( R L )	Hip ( R L )	Knee ( R L )	Ankle ( R L )	

Please Explain:

Further information regarding your health that may be relevant:



## Fitness & Lifestyle

- Please describe your primary fitness/lifestyle goal.
  
- What exercises do you enjoy or have enjoyed in the past?
  
- Do you have any concerns/comments about starting or changing your exercise program?  
(ie. staying motivated, scheduling conflicts, past failures, injuries, etc...)
  
- Why are you motivated to change your lifestyle at this time? (please check all that apply)
  - age
  - health concerns
  - injury related
  - self image
  - work/stress related
  - encouraged by spouse/friends/colleagues
  - other
  
- Do you have exercise equipment available to you today?    yes    no  
(if yes, please name the fitness centre or list the equipment you have at home)
  
- Are you currently completing a **strength** training workout?    yes    no  
(if yes, please use the space at the bottom of this page to describe your program.)
  
- Are you currently completing **cardiovascular** training? (ie. biking, swimming, running, etc...)    yes    no  
(if yes, please use the space at the bottom of this page to describe your program.)
  
- Does your job or family life require a significant amount of travel time?    yes    no
  
- How many times per week are you committed to exercise? \_\_\_\_\_
  
- How many training sessions per week are you committed to? \_\_\_\_\_

## Additional Notes