

Vadim Fitness Studio, LTD

"Fitness for the Real World™"

Name: _____ Gender: m f DOB: _____

Address: _____

Home Phone: _____ Work/Cell: _____ E-mail: _____

Notable Health History: _____

Medications: _____

Last Physical: _____ Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____ relationship: _____

Injuries (start with most recent): _____

Goals (be specific):

1 _____

2 _____

3 _____

Exercise History:

Aerobic Exercise: _____ Strength Training: _____

Other: _____

Sport(s) participation: _____

How have you heard about us? _____

What music do you like? _____ Your T-shirt size _____