

# UPLIFT

guided fitness for women

Date: _____	How did you hear about us? _____
Name: _____	Cell: _____
Address: _____ (street) _____ (city)	
_____ (state) _____ (zip)	e-mail: _____
Employer: _____	Work Phone: _____

What is your primary health/fitness goal? \_\_\_\_\_

What have you done for activity/workouts in the 6 months? \_\_\_\_\_

Average days per week? \_\_\_\_\_ Length of workout? \_\_\_\_\_

Have you been consistent? Yes / No      Is exercise enjoyable for you? Yes / No

If no, explain: \_\_\_\_\_

What is your sense of obstacles for you? Nutrition: \_\_\_\_\_

Exercise: \_\_\_\_\_

Do you enjoy group fitness classes? Yes / No

If so, what kind? \_\_\_\_\_

Do you feel you have healthy eating habits? Yes / No

Are you interested in more detailed nutritional guidance? Yes / No

Describe an average day's menu including time of day for the snack/meal: On  
Back

Are you taking a multivitamin? Y / N    Omega: Y / N    Calcium: Y / N  
Vitamin D: Y / N