

HEALTH AND WELLNESS PROFILE

Name _____

Email Address _____

Phone Number _____

What is your Primary Goal for participating in Get Fit 21?

What are your long-term health/fitness/weight loss goals?

Do you have a concern about any of the following issues:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Family history of cardiovascular disease or diabetes _____ | <input checked="" type="checkbox"/> Fatigue _____ |
| <input checked="" type="checkbox"/> Cholesterol _____ | <input checked="" type="checkbox"/> Joint Pain _____ |
| <input checked="" type="checkbox"/> Blood Sugar _____ | <input checked="" type="checkbox"/> Weight Loss _____ |
| <input checked="" type="checkbox"/> Blood Pressure _____ | <input checked="" type="checkbox"/> Weight Gain _____ |
| <input checked="" type="checkbox"/> Digestive Issues _____ | <input checked="" type="checkbox"/> Bone Density _____ |