

## FITNESS CENTER APPOINTMENT REQUEST

Today's Date: \_\_\_\_\_

Type of appointment requested:  Fitness Orientation  Personal Training  Information  
 Fitness Assessment  Clinical Exercise Program (conditions apply)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Best time to call:  Morning  Afternoon  Evening

Best time for appointment:  Morning  Afternoon  Evening

Gender:  Male  Female

Preferred Personal Trainer Gender (if applicable):  Male  Female  No Preference

### Fitness Goals

Please indicate your priorities by ranking these six goals to help us match your goals to your interests.

	Most Important	1	2	3	4	5	6	Least Important	
___									I want to improve my cardiovascular fitness
___									I want to reduce my body fat
___									I want to reshape or tone my body
___									I want to improve my athletic ability
___									I want to increase my strength
___									I want to improve my flexibility

### Exercise History Questionnaire

Where you a high school and/or college athlete?  Yes  No

If yes, which sport(s)? \_\_\_\_\_

Do you have any negative feelings toward fitness testing and evaluation?  Yes  No

Do you start exercise programs and find yourself unable to adhere to them?  Yes  No

Do you currently exercise?  Yes  No

Activity Type: \_\_\_\_\_ Minutes/Day: \_\_\_\_\_ Days/Week: \_\_\_\_\_

Describe your ideal exercise plan: Minutes/Day: \_\_\_\_\_ Days/Week: \_\_\_\_\_

What do you want to modify/add to your current exercise plan?: \_\_\_\_\_

Please indicate the type(s) of equipment you enjoy using (check all that apply):

exercise bike  cybex  free weights  
 stair climber  rower  Icarian (blue pad equipment)  
 treadmill  AMT  Hammer Strength (plate loaded)  
 elliptical  other (please specify): \_\_\_\_\_  
 don't know  group exercise classes: \_\_\_\_\_

I would like additional information on:

Post Rehab  TRX Suspension Training  Gravity Training System  Community Center programs

### How did you hear about us?

Referred by (please provide name):

friend  CenterPoint program guide  newspaper ad (name of paper)  
 family member  school flyer \_\_\_\_\_  
name: \_\_\_\_\_  have participated in programs here  magazine ad (name of magazine)  
 word of mouth by someone else  Group Health Associates/TriHealth \_\_\_\_\_  
 web site  radio/TV ad (station) \_\_\_\_\_  other: \_\_\_\_\_

### FOR OFFICE USE ONLY

Follow up by: \_\_\_\_\_

Date/time called: \_\_\_\_\_ Appointment date/time: \_\_\_\_\_