



# Memorial Healthcare System Fitness Centers

## Exercise Questionnaire

**EMAIL Address:** \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
(Important for communicating important alerts!)

NAME \_\_\_\_\_ ( ) Male ( ) Female  
(last) (first) (m.i.)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency contact \_\_\_\_\_ Home # \_\_\_\_\_ Cell \_\_\_\_\_

Primary Physician \_\_\_\_\_ Specialty Physician \_\_\_\_\_ (type) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

### Goals

You have goals, important ones! To insure that your efforts are invested wisely, our highly skilled and dedicated trainers will provide you with the knowledge and tools you'll need to achieve them! Please use the space below to share your goals with us so that we can get you on the right track to success!

Fitness & Nutritional Priorities: \_\_\_\_\_

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