



MEMBER PROFILE QUESTIONNAIRE

IS LOSING WEIGHT PART OF YOUR GOAL OR ARE YOU ONLY INTERESTED IN IMPROVING YOUR HEALTH?
(Check all that apply)

1

- LOSING WEIGHT GETTING HEALTHIER

_____ Current weight:

_____ Goal weight:

_____ Current body fat %:

_____ Goal body fat %:

WHAT EXERCISE OR ACTIVITIES ARE YOU CURRENTLY DOING?

2

3

ARE YOU WILLING TO READ, LEARN AND MAKE CHANGES IN YOUR DIET TO ACHIEVE YOUR GOALS? *(circle One)* Y N

WHAT ARE YOU TRYING TO ACHIEVE *(Check all that apply)*:

4

- | | | |
|--|--|---|
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Improve Eating Habits | <input type="checkbox"/> Gain Weight |
| <input type="checkbox"/> Increase Strength | <input type="checkbox"/> Increase Flexibility | <input type="checkbox"/> Improve Cardiovascular Fitness |
| <input type="checkbox"/> Maintain Fitness Level | <input type="checkbox"/> Improve Fitness Level | <input type="checkbox"/> Disease Prevention |
| <input type="checkbox"/> Learn Good Fitness Habits | <input type="checkbox"/> Increase Joy | <input type="checkbox"/> Reduce Stress |

5

DO YOU HAVE ANY HEALTH ISSUES THAT YOU ARE FACING OR THAT MAY CAUSE YOU TO TAKE A MORE CAUTIONARY APPROACH TO YOUR FITNESS ROUTINE? *(use back if needed)*

6

TOP THREE FAVORITE RESTAURANTS:

7

TOP THREE MOST COMMON FOODS YOU EAT AT HOME:

8

TOP THREE MOST COMMON BEVERAGES AND APPROX GALLONS YOU DRINK OF EACH PER WEEK:

_____ gal. _____ gal. _____ gal.

9

THREE PEOPLE THAT WILL ENCOURAGE YOU TO ACHIEVE YOUR GOALS:

_____	_____	_____	_____	_____	_____
Name	Relation	Name	Relation	Name	Relation

I, _____ AGREE TO ALLOW THE HOT FEET FITNESS STAFF, TO DESIGN A PROGRAM FOR ME TO ENHANCE MY HEALTH & FITNESS GOALS. I WILL FOLLOW THAT PROGRAM TO THE BEST OF MY ABILITY AND I WILL NOT HOLD HOT FEET FITNESS OR ANY ASSOCIATED PERSONS OR PARTIES LIABLE FOR ISSUES, ILLNESSES OR INJURIES THAT MIGHT OCCUR DUE TO A SUDDEN CHANGE IN MY EXERCISE OR EATING HABITS. THIS HEALTH MANAGEMENT PROGRAM DOES NOT REPLACE EXPERT ADVICE OR MEDICAL TREATMENT. I AM CHOOSING TO FOLLOW THE HOT FEET FITNESS METHODS AND WILL ADJUST BASED ON WHAT MY BODY NEEDS. I WILL NOT USE THAT CLAUSE AS AN EXCUSE TO THWART MY OWN EFFORTS TO ACHIEVE MY GOALS.

Signature _____

TO BE FILLED OUT BY HOT FEET FITNESS TRAINER/INSTRUCTOR

MEMBER _____ DATE _____

HFF TRAINER/INSTRUCTOR _____