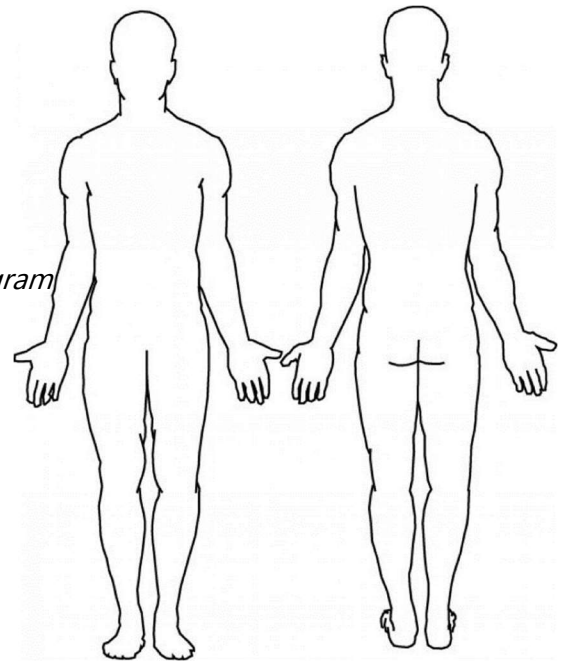


Worksite Fitness Intake Questionnaire

Name:

Age:

1.) Are you in pain right now? *If so, place an asterisk on the diagram where you feel it.*



2.) List all previous Injuries that you can remember

3.) List all orthopedic surgeries and/or medical procedures that you can remember

4.) Is there any current structural damage to your body that you're aware of?

5.) Do you have any medical disorders?

6.) Are you taking any medications?

7.) What is your athletic/lifting background?

8.) What are your goals?