

GET FIT WITH CHRISTINE

REGISTRATION FORM

Please ensure you fill out the form below with as much detail as possible.

Personal Information

Full Name *

Address *

City

State/Province

ZIP/Postal Code

Country

Phone *

Email *

Gender *

- Male
 Female

General Fitness

Do you have any health conditions? *

Are you a smoker? *

- Yes
 No

What is your weekly alcohol intake?

What is your current exercise schedule in a typical week?

How much sleep do you get on a typical night?

On a scale of 1 to 10, how would you rate your stress levels?

1 - very low, 10 - extremely high

What health and wellness issues do you have in your life? How do these issues affect your life at the moment?

What are your reasons and goals for wanting PT sessions?

Signed:

Date: