

# Totally Fit Inc.

Nutrition Personal Training

## Medical History Form

Formal Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Level of Activity** (check one):

Sedentary  Mildly Active  Active  Very Active

Notes on Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Measurements:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Body Fat: \_\_\_\_\_ Body Fat% Goal: \_\_\_\_\_  
Arm: \_\_\_\_\_ Thigh: \_\_\_\_\_ Calf: \_\_\_\_\_ Chest: \_\_\_\_\_ Waist: \_\_\_\_\_

**Average Daily Meals:**

Breakfast: \_\_\_\_\_  
Lunch: \_\_\_\_\_  
Dinner: \_\_\_\_\_