



## The Salvation Army Boston Kroc Center Fitness Consultation Request

Today's Date: \_\_\_\_\_

Member Yes ☐ No ☐

Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work \_\_\_\_\_

Cell: \_\_\_\_\_

Best time to call \_\_\_\_\_ AM/\_\_\_\_\_ PM

Language Preference:

English ☐

Spanish ☐

Creole ☐

Other: ☐

Trainer Preference

Male: ☐

Female: ☐

No Preference: ☐

Service:

☐ Fitness Assessment

☐ Senior Functionality (Fullerton)

☐ Fitness Orientation

☐ Fitness Reassessment

☐ Personal Training

For Fitness staff use only

Date of original Assessment: \_\_\_\_\_

Original Staff: \_\_\_\_\_

Date of Reassessment: \_\_\_\_\_

Appt scheduled with: \_\_\_\_\_

Date Joined: \_\_\_\_\_

New HHQ :( If Current HHQ is older than 1 year)