



FIT TO FIGHT



Intake Form

Name _____ DOB _____ Age _____ M or F

Address _____ Phone _____

E-mail _____ Peak Member Y or N

Occupation _____ Height _____ Weight _____

Recreational Activities _____

Physician _____

Current Treatment _____

Fitness Level: Pre Cancer: 1 2 3 4 5 6 7 8 9 10

Sedentary
No activity other than
dressing, eating etc.

High
7x wk. 30-90 min.

Post Cancer: 1 2 3 4 5 6 7 8 9 10

Fitness Goals _____

Type of Cancer _____ Date _____

History of Treatment _____

Please fill out other side

Current Meds _____

Cancer Related Impairments/Limitations _____

Any Pain Y or N Where? _____ When? _____

Pain Scale 1 2 3 4 5 6 7 8 9 10

Past Medical History: Please provide dates and info.

Diabetes/hypo/hyperglycemia _____
High/Low Blood Pressure _____
Stroke _____
Osteoporosis _____
Osteo / Rheumatoid Arthritis _____
Broken Bones _____
Surgeries _____
Vision / Hearing problems _____
Dizziness/Fainting/Seizures _____
Heart Condition/Pacemaker _____
Injury to head/Chest/Organs _____
Depression _____
Mental Conditions _____
Lung Disorders _____
Asthma/Difficulty Breathing _____
Swelling/Joint Pain _____
Headaches _____
Night Pains _____
Severe Illness _____
Other _____

I, _____, hereby agree to participate in the Fit
To Fight

Print Name

Program at the Peak Health & Wellness Center.

Participants Signature

Date