

SIZE & SHAPE FITNESS

2012 Client Application

Full Name: _____

Date of Birth: _____ E-Mail: _____

Age: _____ Home Phone: _____

Street Address: _____ Cell Phone: _____

City State Zip Code: _____

Contest History

Contest	Date	Division	Placing	Stage Weight

Which upcoming shows are you interested in entering?

Contest	Location	Date	Division

SIZE & SHAPE FITNESS
3333 West Hefner Rd. Oklahoma City, OK 73120
PHONE – (405) 473-9720

EMAIL – jeremyminihan@cox.net

WEBSITE – www.sizeandshapefitness.com

Medical History

Do you experience any of the following problems or conditions?

Yes No

Ear, Nose or Throat

Heart or Circulatory Problems

High blood pressure

Respiratory (Asthma, Emphysema, etc)

Allergies

Diabetes

Thyroid problems

Chronic headaches

Cancer

Arthritis

Depression

Other (please list)

Please list any medications and supplements you are taking:

Please list any injuries or surgeries that you have had within the last year:

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Family History

Do you have a family history of:

Yes No Relationship to patient:

Arthritis

Cancer

Diabetes

Heart Disease

High Blood Pressure

Kidney Disease

Lupus

Stroke

Thyroid Disease

Other (Please explain)

Social History

Do you drink alcohol?

Yes No

If so, how much?

Do you smoke?

Yes No

If so, how much?

Do you have any food allergies?

If yes, please list:

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How did you hear about Size and Shape Fitness? _____

Thank you for your interest in Size and Shape Fitness!

Bikini, Fitness, Figure, and Men's Physique competitors please submit
a front, side relaxed and rear stage or recent photo.

Bodybuilding and Women's Physique competitors please submit
a front double bicep, side chest, and rear double bicep photo.

We look forward to speaking with you!

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