



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Starting Date: _____ Birthdate.: _____ Age: _____

How did you hear about this program? _____

Are you diabetic? YES NO
 Do you get at least 150 minutes of activity a week? YES NO

Are you currently enrolled at a local gym? YES NO
 If yes, list which gym? _____

Are you currently trying to lose/gain weight? YES NO
 If yes, list weight loss/gain _____

Are you: Paiute Tribal Member, Employee, Spouse, Legal Guardian, Other (Circle One)

What are your motivators: _____

Health Assessment

Height and Weight: _____ Measurements Waist, arm, hip, thigh: _____

A1C or B.S. _____ Cholesterol: _____ Blood Pressure: _____

List short or long-term goals: _____

Gender: _____ Are you currently taking any medication? YES NO
 If yes, list: _____

What are some of your health goals: _____

Disclaimer and Signature

- I certify that my answers are true and complete to the best of my knowledge.
- I understand that I must commit fully to the FourPoints Health 1-year program, which requires at least 150 minutes a week of physical activity and quarterly check-ins. Fail to do so will result in termination of program.
- I authorize to the consent of releasing my health information to/from the FourPoints Health clinics.

Signature: _____ Date: _____