

# WHATEVER IT TAKES REGISTRATION FORM

Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Employee ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Business Unit \_\_\_\_\_

Insurance \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  Male  Female

Are you currently in any other Bridges to Weight Management Programs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list: \_\_\_\_\_

Have you participated in other Bridges to Weight Management Programs in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list: \_\_\_\_\_

What is your goal? \_\_\_\_\_

I heard about WIT from: (check all that apply)  Brochure  WIT Alumni

Wellness Coach  Letter  Physician  Poster

ATN article  other \_\_\_\_\_

My first and second health concerns are: Cancer \_\_\_ Cholesterol \_\_\_ Diabetes \_\_\_

Heart Disease \_\_\_ Hypertension \_\_\_ Weight \_\_\_ other \_\_\_\_\_

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**In case of emergency please notify:** Name \_\_\_\_\_

Phone \_\_\_\_\_