

Healthy

Personal Training, LLC

“Reshaping the body and lifestyle of women”

FITNESS CONSULTATION

Name: _____

Date: _____

Age: _____

HT: _____

Wt: _____ lbs

Health History (medical problems or challenges):

Medication that you are currently taking:

Injuries impacting your ability to perform exercises:

Exercise habits over the past twelve months:

Athletic and/or active interests:

Eating habits. Are you on any diets, if so, please explain.

Do you eat breakfast, if so, what?

How often do you eat?

How do you spend the majority of your day? (sitting, standing, mom, career)

Health & Fitness Goals:

FITNESS CONSULTATION

Specific areas of the body to focus on:

Realistically, how many days of the week will you dedicate to working out on your own?

How much time are you willing to dedicate per week to personal training at HCPT?

Do you have a membership at a local gym, and if so, where?

Do you have any music preferences while exercising?

Please circle the health benefits that are most meaningful to you:

IMPROVED Posture, Blood Pressure, Cholesterol, Stress Level, Flexibility/ROM, Add Lean Tissue, Looking Good, Fitting Into Wardrobe, Event Preparation (ex. Athletic, Wedding, Reunion), Feel Better, Upper Body Strength, Improve Lower Body Strength, Strength of Trunk, Improved Energy Levels

REDUCED Waist Measurement, Body Fat Percentage, General Pain, Joint Pain

Additional Comments:

BELLOW TO BE FILLED OUT BY A TRAINER

Measurements (inches)

Chest: _____ Upper Arm: _____ Waist: _____ Hips: _____ Thigh: _____ Calf: _____

Sit & Reach: _____ in.

=====