
INITIAL CONSULTATION

Start with a tour and overview of the meeting.

Squat Rack____ Cable Machine____ Air Dyne____ Massage Table____

Client Name: _____ Date: _____

Email: _____ How did you hear about us: _____

What are your health and fitness goals?

What are some barriers that could prevent you from achieving your goals?

What are your three month, or short term goals?

What are your one year, or long term goals?

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1. Lose 15 pounds in about 4 months.

What are your one year, or long term goals?

What physical activity have you done in the past?

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Do your best to give an example of a typical breakfast, lunch, and dinner for yourself. How about snacks and drinks?

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What is the most important thing that we can do for you?

Rate these categories in order of importance:

Use a 1-5 scale

Weight Loss_____

Strength Gain_____

Muscle Gain_____

Mobility Improvement_____

Postural Improvement_____

Physical Example:

Weight, Reps, Sets

Approx. 15 reps x 2 sets

Squats: _____ Rev. Flye: _____ Push up: _____ Tri. Push Down: _____

Row: _____ Battle Ropes: _____ Torso Rot. _____ Lat. Trav. _____

Boxing: _____ Plank: _____

Assisted Stretching

Explain Eight Week Phasing _____

Total Body Lean _____

Strength First _____

Muscle Mass _____

Mobility Improvement _____