

CONSULTATION FORM

2021

NAME:

Instagram handle:

Email:

Phone Number:

DATE:

Point of contact:

GOALS:

Now-6
months

-
-
-
-
-

6 months -1
year

-
-
-
-
-

FITNESS EXPERIENCE

NUTRITION HISTORY

POTENTIAL BARRIERS TO SUCCESS

[Empty green box for potential barriers to success]

DID YOU GIVE THEM A QUICK RUN DOWN OF YOUR ONLINE TRAINING SERVICES?

YES

NO

[Green checkbox for YES]

[Green checkbox for NO]

QUESTIONS OR CONCERNS

[Empty green box for questions or concerns]

PLAN OF ACTION AS OF TODAY

[Empty green box for plan of action as of today]



SIGN UP

YES

NO

POTENTIAL TO RETURN

REASONING

N/A

PRICE POINT

COMMITTMENT

NOT GOOD FIT

NEXT STEPS

ON-BOARD

FOLLOW UP IN WEEK

FOLLOW UP IN MONTH

WAIT FOR CONTACT