Client Goals

Name:_____

Phone # Home_____ Cell/work_____

Goals-Why are you interested in having a personal trainer?

_____Weight loss

_____Muscle tone (Target areas_____)

_____Strength gains (Target areas_____)

_____Increased flexibility (What area(s)?_____)

_____Increased balance/agility

_____Increased speed/power

_____Increased muscular or cardiovascular endurance

_____Performance enhancement (What sport or activity?_____)

_____Postural improvement

_____Increased core strength/alignment

_____Instructed by a doctor

_____Other _____

Help prevent any of the following conditions

_____Pulmonary disease _____ Stroke

_____Circulatory problems _____Diabetes

_____Elevated cholesterol _____Obesity

_____High blood pressure _____Arthritis

_____Orthopedic problems (L R shoulder, L R elbow, L R wrist, L R hip, L R knee, L R ankle, L R foot)

_____Muscle or joint problems (which one(s))? _____)

_____Chronic back problems (what vertebrae or section of the spine?_____)

_____Chronic fatigue