

INITIAL CONSULTATION

Personal Information

Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

Date of Birth: _____ / _____ / _____ Age: _____

How do you prefer we contact you?

How did you hear about us?

Goals

Your primary reason(s) for visiting us today:

What are your top three fitness/nutrition goals?

1. _____

2. _____

3. _____

Do you have a specific time frame you are looking to achieve these goals in? _____

Activities

Are you currently exercising? _____

How many days per week? _____

What type of exercise? _____

How often per week? _____

How long do you exercise each time? _____

Where do you exercise primarily? _____