

Personal Training

Free Consultation & Assessment Session



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Fitness Goals

Check all that applies.

- ☐ Weight Loss
- ☐ Weight Gain
- ☐ Mobility
- ☐ Muscle Strengthening
- ☐ Mental Health Assistance
- ☐ Other _____

**"Be the foundation
for growth."**

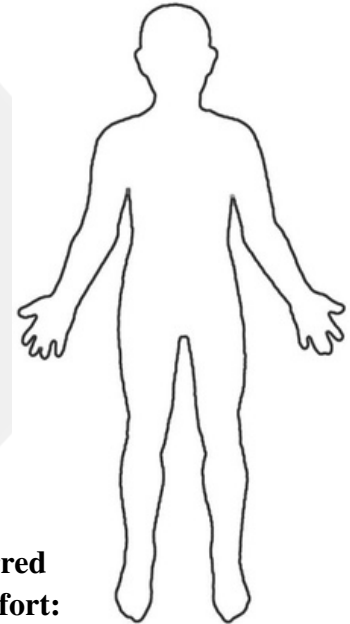
Name: _____

Phone #: _____

Email: _____

City: _____

State: _____



Physical Health

Please describe any past or current musculoskeletal conditions you have incurred such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort:

Head/Neck: _____
Upper Back: _____
Shoulder/Clavicle: _____
Arm/Elbow: _____
Wrist/Hand: _____
Lower Back: _____
Hip/Pelvis: _____
Thigh/Knee: _____
Arthritis: _____
Hernia: _____
Surgeries: _____
Other: _____

Mental Health

Please check all symptoms you have experienced in the past 6 months.

- | | |
|---|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Sleeping Problems |
| <input type="checkbox"/> Isolation | <input type="checkbox"/> Low Energy |
| <input type="checkbox"/> Low Concentration | <input type="checkbox"/> Stressed |
| <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Lack of Motivation |
| <input type="checkbox"/> Feeling Sad or Down | <input type="checkbox"/> Irritation or Angry Outbursts |
| <input type="checkbox"/> Loss of or Increased Apatite | <input type="checkbox"/> Suicidal Ideations |
| <input type="checkbox"/> Other _____ | |

Thank you for your interest in personal training. You will be contacted in 3-5 business days.