Renea Jones Hudson

Fit Mom CEO

www.reneajoneshudson.com

Name_____DOB_____
Address _____
Email_____
Phone work_____Home_____Mobile_____
Occupation_____

What results do you wish to achieve?

☐ Reduce body fat ☐ Strength Training ☐ Weight Loss

☐ Stress Management ☐ Reshaping ☐ Increase fitness

☐ Sports Conditioning ☐ Improve Muscle Tone ☐ Improve Flexibility

☐ Rehabilitation ☐ Tone ☐ Other _____

Where do you want to achieve your results?

☐ Thighs ☐ Back ☐ Lower Back

☐ Stomach ☐ Arms ☐ Hips

☐ Buttocks ☐ Shoulders ☐ Waist

☐ Chest ☐ Calves ☐ Other_____

How soon are you looking to achieve your fitness goals? _____

What is motivating you to make this change? _____

Are you ready to invest in your goals today? ____

- Still doing research _____
- I am ready now _____
- I'm unsure and still trying to decide _____
- No. I am not ready _____

How long have you been thinking about ? _____

What has kept you from starting sooner? _____

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On a scale from 1 – 10 how important is it for you to achieve your results?

Circle One: 1 2 3 4 5 6 7 8 9 10

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Why is it so important for you to achieve these results? _____

Do you smoke? Yes No

Are you pregnant? Yes No

Have you ever had or experienced?

☐ Heart trouble/history

☐ Arthritis

☐ Epilepsy

☐ Pain in the chest

☐ Asthma

☐ Sports injury

☐ Faint or dizzy spells

☐ Bone or joint problems

☐ Depression

☐ High Blood Pressure

☐ Back Problems

☐ Other_____

I understand that my PT Expert™ is not able to provide me with medical advice with regard to any medical conditions I may have and that this information is used only as a guideline to the limitations of my ability to exercise. I will not hold my PT Expert™ liable in any way for any injuries that may occur while I am training.

Signed_____Date___/__/____Your PT _____