GOAL-SETTING & BACKGROUND

This Form Is So We Can Properly Analyze How To Best Get You To Your Goals, With No Guess Work.

	Name:	Date:
	YOUR GOALS: Pleas	se Circle That Which Applies.
	 Lose Body Fat. Develop Muscle Tone. Increase Muscle Size; Strength; Overall Fitness. Nutrition Sports Specific training Accountability/Motivation Military PT 	 Rehabilitate an Injury. Recovery from a Stroke Strength building for: CMT; Parkinson's; Fibromyalgia; Etc. Other
-	resent-day sports or activity (&	
	recent exercise & for how long the 2-3 TOP fitness goals you'd	d like to achieve in the next 3-12 Months.
Why did yo	ou decide to use a Personal Tra	ainer <u>at this particular time</u> , & <i>not</i> sooner?
Why? _ What are the goals. (i.e. other respo	not training consistently; busy at	tivities, that could, or have, impeded reaching your work; not following a fitness program properly; allowing er your health; boredom/not fun; no immediate results;
What is the wanting to	_	, can do to help get you to where you've been
MISCELLA	NEOUS QUESTIONS:	
How did yo	ou hear about us? (circle). Post	card. Word of mouth. Google. Yelp. Facebook Other
that apply)	- · · · · · · · · · · · · · · · · · · ·	y Wally instead of another organization? (circle all ence. Cost. Word of Mouth. Our training methods &