

PERSONAL TRAINING SERVICE PLANNER
Please email to: musclepowerjourney@gmail.com

Name _____ D.O.B. _____
E-mail _____ Date _____

Primary health and fitness goals? What will success look like?

On a scale of 1-10, how important are they, and how confident are you that you can achieve them?

	Importance	Confidence
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Fitness and Lifestyle History:

Medical History, Allergies & Current Injuries:

Hobbies and Interest:

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Nutritional Review: (Average Week day/Weekend day)

Most favorite foods (including junk food):

Least favorite foods:

What are your preferred activities?

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ASSESSMENT

1) What Level of contact /support do you require from me?

2) Preferred Days and Times for workouts:

3) Number of agreed workouts per week:

4) Time/Day availability of PT sessions.

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5) Number of PT sessions per week/Month:

6) Outside activity to support PT Sessions:

7) What could get in the way of success?

8) Holidays /Planned Time away over next 3-6 months:

Agreed Diet plan:

Start Date:

Weight/kg:

Height/m:

Waist/cm:

Hips/cm:

Photo/s: