**NEW MEMBER NEEDS ANALYSIS**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail

Current Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight Goal\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked with a FITNESS coach before? YES NO 

Will you be working out  A.M. or  P.M ?

What Days?  M  T  W TH  F  SA/SUN

**WHAT ARE YOUR PRIMARY FITNESS GOALS:**

 **Weight Loss\_\_\_\_\_\_\_\_\_lbs.  Tone & Firm**

** Improve General Health  Muscle Definition**

** Sports Performance  Strength & Endurance**

** Rehab Injury  Increase Metabolism**

**AREAS YOU WISH TO RESHAPE**

 SHOULDERS  HIPS  CHEST

 BUTT  LEGS

 ARMS  WAIST/ABDOMINAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long have you been thinking about addressing your fitness goals?**

 **1 Month**  **3 Months**  **6 Months or longer**

**DOES YOUR SPOUSE/FAMILY ENCOURGE YOU TO:  Look & Feel Better  Start a fitness Program**

**ARE THEY SUPPORTIVE OF YOUR FITNESS GOALS?  YES  NO**

|  |  |  |
| --- | --- | --- |
| **DATA** | **Actual** | **Goal** |
| **Weight** |  |  |
| **BF%** |  |  |
| **CHEST** |  |  |
| **WAIST** |  |  |
| **HIPS** |  |  |
| **THIGHT** | **LEFT RIGHT** |  |
| **BICEPS** | **LEFT RIGHT** |  |