

Date:

Trainer Consultation and Solution Session

Name: _____ Email: _____ Phone: _____

Goals

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Overall:	Monthly:	Weekly:
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Rewards:

Training History

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Health Considerations

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Solution

You'll need to do _____ resistance training days per week.

You will need to complete cardio exercise _____ days per week for _____ minutes per session.

We recommend getting a health and fitness assessment every _____ weeks.

Additional recommendations:

What times can you commit to exercise?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:	Time:	Time:	Time:	Time:	Time:	Time:
Type:	Type:	Type:	Type:	Type:	Type:	Type:
Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:

Personal Training Services Recommendations

- Intro Package Customized Fitness Plan Basic Online Workout Plan Check-in Sessions: _____ /yr
- Ongoing Personal Training: _____ days/wk Nutritional Assessments: _____ /yr

Next Consultation: _____