

Balance Living Personal Training

EXERCISE HISTORY, LIKES AND GOALS

Name: _____ Date: _____

What are your personal fitness goals/aspirations? What would you like to achieve?

Rate your exercise level on a scale of 1-10 with (1 being sedentary and 10 being very active):

On a scale of 1-10 (1 being the lowest 10 being the highest) rate yourself in the following areas:

Your present athletic ability:

Your present cardiovascular capacity:

Your present muscular capacity:

Your present flexibility capacity:

How much time are you able to devote to an exercise program?

Days per Week:

Minutes per day:

What types of exercise do you currently do and how often?

What types of exercise do you enjoy?

What types of exercise do you dislike and why?

What are your Nutritional goals/aspirations?

Briefly describe you current eating/drinking patterns:

Do you have any particular personal circumstances that you feel may affect your fitness programme (if so please specify)?

Signed: