RESHAPE
DESIGNING THE NEW YOU

FITNESS CONSULTATION

Name: _____ Date: _____

Phone number: _____ E-Mail: _____

Street Address: _____ City: _____ Zip Code: _____

Age: _____ HT: _____ WT: _____ lbs Gender: M / F

Put in order the health benefits and objectives that are the MOST meaningful to you at this time with a 1, 2, or 3 with 1 being the MOST important. Feel free to leave blank the ones that don't apply and also to use a number more than once.

___ lower blood pressure level	___ lower cholesterol	___ lower stress
___ improve posture	___ look better	___ feel better
___ higher energy levels	___ increased flexibility	___ weight loss
___ strengthen upper body	___ strengthen lower body	___ strengthen core
___ reduce waist measurement	___ reduce % body fat	___ add lean tissue
___ reduce general/joint pain	___ special event preparation	___ fit into wardrobe

Health & Fitness Goals:

Specific areas of the body to focus on:

Realistically, how many days of the week will you dedicate to working out on your own?

How much time are you willing to dedicate per week to personal training at ***Reshape***?

Do you have a membership at a local gym, and if so, where?

Exercise habits over the past twelve months:

Athletic and/or active interests:

Are you currently or have you previously worked with a personal trainer?

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Eating habits. Are you on any diets? If so, please explain.

Do you eat breakfast? If so, please describe.

How often do you eat?

Describe your level of activity on an average day.

Check all conditions that apply to you:

___ high blood pressure
___ heart condition
___ diabetes
___ arthritis
___ fatigue
___ bursitis
___ muscle tension
___ anxiety
___ knee problems
___ shoulder problems
___ tendon/joint problems
___ back problems

Additional medical problems or challenges?

Medication that you are currently taking:

Injuries impacting your ability to perform exercises:

THIS SECTION TO BE FILLED OUT BY A TRAINER

Tape Measurements (inches)

Chest: _____ Upper Arm: _____ Waist: _____ Hips: _____ Thigh: _____ Calf: _____

Sit & Reach: _____ in.

Skinfold Measurements (mm)

Triceps _____ Biceps _____ Subscapular _____ Suprailiac _____

Total _____ %bf _____

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