Full Name:

Email:

Phone:

Age: Height: Weight:

Fitness Goal(s): ■ Fat Loss ■ Muscle Gain ■ Performance ■ General Health ■ Other: _____

## Coaching Options

■ Option 1: 1:1 Coaching (Workout + Diet Plan)
- Personalized workout program tailored to your goals
- Customized nutrition plan
- Weekly check-ins & progress tracking- Unlimited email/text support

■ Option 2: Workout Plan Only
- Personalized workout program based on your fitness goals
- Exercise demonstrations and progression tracking- Bi-weekly check-ins

## Health & Lifestyle Background

Medical Conditions or Injuries: _____

Training Experience: ■ Beginner ■ Intermediate ■ Advanced

## Nutrition (if selecting Option 1)

Dietary Preferences/Restrictions: ■ None ■ Vegetarian ■ Vegan ■ Gluten-Free ■ Other: _____

Foods You Enjoy: _____

Foods You Dislike/Avoid: _____

Current Daily Eating Pattern: _____

## Commitment & Support

Preferred Check-in Method: ■ Email ■ Text ■ Video Call

How many days a week can you work out:

How many hours of sleep do you get:

ALWAYS CONSULT YOUR PHYSICIAN PRIOR TO PARTICIPATING IN ANY EXERCISES OR EXERCISE