

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