

PERSONAL CONSULTATION

Name:

D.O.B

Postal address:

E-mail:

Height:

Weight:

How healthy do you feel right now? (0- Not healthy, 5- Average, 10-Very healthy)

	0	1	2	3	4	5	6	7	8	9	10

What's your #1 diet/nutrition goal that you'd like this coaching programme to help you with?

What's your #1 fitness or exercise goal in relation to this programme?

What currently motivates you for these changes?

What is your #1 biggest problem with achieving your health and fitness goals right now?

Describe any previous diets that you have followed, how successful they were and how you felt during them? E.g. Paleo, low carb, weight watchers, intermittent fasting etc.

How would you describe your weight lifting/resistance training experience level?

Never done it

Beginner

Intermediate

Advanced

Where did you hear about us?

Thank you!