**CONSULTATION FORM**

|  |  |
| --- | --- |
| CLIENT INFO: | |
| NAME: | **DATE OF BIRTH: AGE:** |
| GENDER: M / F | **HOME NUMBER:** |
| MOBILE NUMBER: | **EMAIL:** |
| ADDRESS: | |

|  |  |
| --- | --- |
| EMERGENCY CONTACT: | |
| NAME: | **RELATION:** |
| HOME NUMBER: | **MOBILE NUMBER:** |
| EMAIL: | |
| ADDRESS: | |

|  |
| --- |
| INJURIES & AILMENTS / MEDICAL HISTORY: |
|  |

|  |
| --- |
| MOVEMENT LIMITATIONS AND COMPENSATIONS: |
|  |

|  |
| --- |
| TRAINING AGE/EXPERIENCE: |
|  |

|  |
| --- |
| EXERCISES PREFERENCES: |
|  |

|  |
| --- |
| TRAINING AVAILABILITY/SCHEDULE: |
|  |

|  |
| --- |
| OVERARCHING GOAL: |
|  |

|  |
| --- |
| GOALS (SMART): |
| SHORT-TERM (1-4 WEEKS): |
| MEDIUM-TERM (1-6 MONTHS): |
| LONG-TERM (6+ MONTHS): |

|  |
| --- |
| BARRIERS: |
|  |

|  |
| --- |
| STRATEGIES TO OVERCOME BARRIERS & MAXIMIZE MOTIVATORS: |
|  |

|  |
| --- |
| EQUIPMENT AVAILABLE OUTSIDE OF GYM: |
|  |

|  |
| --- |
| ADDITIONALL INFO: |
|  |