



## Before we start.....

I would like to know a bit about you and your personal health and fitness goals. The information you share on this form will be kept completely confidential; your information will be used to help me design and conduct a program best suited for you. The form is also useful for progress evaluation to see how you are progressing after we have been working together for a period of time.

DATE:					
NAME:					
HOME PHONE NO:					
CELL PHONE NO:					
EMAIL ADDRESS					
1. What are you doing presently in terms of activity? How often?					
2. What types of activities do you enjoy now or have you enjoyed doing in the past?					
3. What amount of time/frequency would you like to devote to being active?					
4. Do you have any space and equipment so that you can exercise at home? If so, what do you have?					
5. How would you rate your present fitness level?	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT	
6. Into what categories would your fitness and health goals fall? Please number your top three priorities (1=most important).					
<input type="checkbox"/>	Improve Energy Level	<input type="checkbox"/>	Improve Flexibility	<input type="checkbox"/>	Improve Posture
<input type="checkbox"/>	Reduce Back Pain	<input type="checkbox"/>	Reduce Neck Pain	<input type="checkbox"/>	Improve Strength
<input type="checkbox"/>	Improve Cardiovascular Fitness	<input type="checkbox"/>	Improve Sports Performance	<input type="checkbox"/>	Focus on Bone Density
<input type="checkbox"/>	Weight Management	<input type="checkbox"/>	Stress Management	<input type="checkbox"/>	Gain Muscle & Definition

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<input type="checkbox"/> Other		
7. What things will be happening when you are beginning to achieve your goals?		
8. Are there any injuries or vulnerable areas that I should be aware of before we start your training program?		
9. Where would you prefer your training sessions with me to take place and at what time of day?		
10. What do you believe would help to keep you motivated to stick with a regular program of exercise?		
11. Tell me a bit about your diet....		
12. Please tell me anything else you believe to be relevant to your training program		
	Name	Phone No.
Emergency Contact		
Physician/Family Doctor		

**I am sincerely looking forward to working with you!**

Kari Galasso

**FIT to the CORE**

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