

One-Month Custom Fitness Guide

Consultation Card

Date:

Client Name:

NEEDS ASSESSMENT

Goals

Experience

Eating Habits

*(Frequency, Types of Foods,
Frequency Eating Out)*

Limitations

Challenges

Time Education Discipline
 Motivation Plateau Lack of Results

The “Why”

*Root emotional reason for
change*

FITNESS PRESCRIPTION

Movement

Movement Frequency

- 1x per week 2x per week 3x per week
 4x per week 5x per week 6x per week

Program Phases

- Stamina Strength Size Speed

Nourishment

Calories In

Protein/Carbs/Fat

80/20 Rule

Recovery & Mindset

Goal Setting

Reassessments

Assistance

Fitness Prescription

PICK YOUR PROGRAM

Length of Time	Coaching Frequency	Program Investment ()
<input type="checkbox"/> All the way _____ Months	<input type="checkbox"/> Self-Driven <input type="checkbox"/> Semi-Private <input type="checkbox"/> Private 1:1	Length of time x Program cost = _____
<input type="checkbox"/> Half-way _____ Months	<input type="checkbox"/> Self-Driven <input type="checkbox"/> Semi-Private <input type="checkbox"/> Private 1:1	Length of time x Program cost = _____
<input type="checkbox"/> Third of the way _____ Months	<input type="checkbox"/> Self-Driven <input type="checkbox"/> Semi-Private <input type="checkbox"/> Private 1:1	Length of time x Program cost = _____

