**Fitter You Six Week Programme – Online Client Consultation**

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| **Name** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **Height and Weight** | Click or tap here to enter text. |
| **Occupation** | Click or tap here to enter text. |
| **What’s your favourite film?** | Click or tap here to enter text. |
| **Current overall fitness 1 – 10** | Click or tap here to enter text. |
| **Current strength 1 – 10** | Click or tap here to enter text. |
| **Current exercise regime** | Click or tap here to enter text. |
| **Previous exercise history** | Click or tap here to enter text. |
| **Diseases / illnesses / injuries** | Click or tap here to enter text. |
| **Typical Breakfast** | Click or tap here to enter text. |
| **Typical Lunch** | Click or tap here to enter text. |
| **Typical Dinner** | Click or tap here to enter text. |
| **What’s your favourite indulgent food?** | Click or tap here to enter text. |
| **Any allergies/dietary issues?** | Click or tap here to enter text. |
| **Typical snacks** | Click or tap here to enter text. |
| **Alcohol intake & preferred drinks** | Click or tap here to enter text. |
| **Water intake** | Click or tap here to enter text. |
| **Preferred place to exercise (home, gym, park or other)** | Click or tap here to enter text. |
| **Have you meditated before?** | Click or tap here to enter text. |
| **When do you feel most confident?** | Click or tap here to enter text. |
| **When do you feel least confident?** | Click or tap here to enter text. |
| **Any specific goals in mind?** | Click or tap here to enter text. |
| **What’s your sleep like?** | Click or tap here to enter text. |
| **How will you reward yourself when you hit your goal?** | Click or tap here to enter text. |