



## CLIENT GOALS AND PREFERENCES

CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

(Remember to ask the client *why* it is important for them to achieve the results they desire. Try to get to the root of the issue as best as you can to make the goals more visceral which will aid attainment. )

Reduce Body Fat \_\_\_\_\_

Instructor Comments: \_\_\_\_\_

Increase Muscle Mass \_\_\_\_\_

Instructor Comments: \_\_\_\_\_

Improve Muscle Tone \_\_\_\_\_

Instructor Comments: \_\_\_\_\_

Enhance Flexibility \_\_\_\_\_

Instructor Comments: \_\_\_\_\_

Improve Cardiovascular Health \_\_\_\_\_

Instructor Comments: \_\_\_\_\_

Increase Muscular Strength \_\_\_\_\_

Instructor Comments: \_\_\_\_\_

Increase Bone Density \_\_\_\_\_

Instructor Comments: \_\_\_\_\_

Decrease Low Back and/or Neck Pain \_\_\_\_\_

Instructor Comments: \_\_\_\_\_

Other: \_\_\_\_\_

Instructor Comments: \_\_\_\_\_