



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: _____