

Power 1 Fitness Transformation Questionnaire

All information received on this form will be treated as strictly confidential. Please fill out the forms completely and accurately. This information is essential to helping your trainer develop a program that addresses your needs, goals, and is safe and effective.

Name*
 First Last

Date of Birth*

Age*

Address*
 Street Address City State / Province / Region
 ZIP / Postal Code

Best contact number*

How did you hear about P1F*

Email*

PAR-Q FORM

Please mark YES or No to the following:

Have you ever worked with a Fitness Trainer or Coach?*

- Yes
 No

Have you ever had a Nutrition/Exercise Fitness Program?*

- Yes
 No

If you have marked YES to any of the above, please elaborate below

Goal Setting: What Results do you want to see during your Fitness Journey in the next 3-6 mths?*

- Lose Body Fat

- Develop Muscle Tone
- Weight Loss
- Nutrition Program
- Start an Exercise Program
- Design a More Advanced Program
- Flexibility
- Sports Specific Training
- Increase Muscle Size
- Fun
- Motivation

What has stopped you from achieving these goal and has anything changed?*

WHO /WHAT HAS INSPIRED YOU TO MOVE FORWARD ON YOUR FITNESS JOURNEY*

Where do you rate health in your life?*

- High priority
- Medium Priority
- Low priority

Are you willing to invest in your Transformation?

- Yes
- No

How committed are you to your Transformation ? (1 lowest 10 highest)*

Signature Here*

Guardian's Full Name (under 18yr)

All information on this form will be kept private.
