

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 _____ ZIP _____

Best contact number* _____ Email* _____

How did you hear about P1F* _____

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 months?*

- | | |
|---|---|
| <input type="checkbox"/> Lose Body Fat | <input type="checkbox"/> Flexibility |
| <input type="checkbox"/> Develop Muscle Tone | <input type="checkbox"/> Sports Specific Training |
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Increase Muscle Size |
| <input type="checkbox"/> Nutrition Program | <input type="checkbox"/> Fun |
| <input type="checkbox"/> Start an Exercise Program | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Design a More Advanced Program | |

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.***