



WELCOME TO

# FLEX & FLEXIBILITY

EMBODIMENT WITH EMMA



Name:

Date of Birth:

Phone Number:

Occupation:

Emergency Contact Name, Relation and Number:

Service:  Personal Training  Partner Session  Group Class  Online Personal Training

What are your goals for training with me?

For example: Would you consider yourself overweight and want to lose fat? Have you always been slender and struggle to gain muscle mass? Are you competitive and wanting to improve your athleticism?

What are you willing to incorporate?

Strength Training  Power Lifting  HIIT  Mobility

Have you ever worked with a Certified Personal Trainer? If so, what did you like? Not like?

How often do you exercise?

How do you feel during your workout? Winded? Do you need frequent breaks? How does your body feel after your workout? Do you get sore the next day? Do you get DOMS (delayed onset muscle soreness)?

How often do you plan on training with me? Weekly? Multiple times a week? Are you interested in buying a package?



How good are you about drinking water? How many ounces in a day?

If applicable, how often do you eat fast food? Order takeout? Eat out at restaurants?

If applicable, how often do you drink alcohol? I'm not here to judge you, only to help.

Are you currently injured? Have you been injured before? Please list any injuries relevant to fitness training with me and roughly when they occurred:

Ladies, are you pregnant, nursing, or planning to become pregnant while training with me?

If you have ever given birth, did or do you still have diastasis a.k.a. abdominal separation?