



Shape Training/Personal Training/RoadMap to Fitness Pre-Evaluation Form

Please use reverse of page, if necessary, to answer more completely.

Name:

E-Mail:

Phone:

Take a look in the mirror; describe the body type you see, and what you want to see instead. Be honest!

Regarding the upper body I want to:

Regarding the lower body I want to:

If weight is a problem, when and why did you start to gain the extra weight?

Can this be resolved?

For women only: Menopause? Perimenopause? Partial or full hysterectomy? Endometriosis or cysts?

Please explain:

Food "weaknesses":

Have you gained weight because you eat too much? Explain:

Do you actually eat very little considering what you have gained? Explain:

What does a typical day of your eating look like?

Breakfast

Lunch

Dinner

Snacks

What do you drink during the day and how much of it?

What are your favorite kinds of exercise?

What do you do for exercise now?

Which days can you exercise?

What time of day?

How long each day?

Which 2 days do you want off?

Expect Success!

There is no diet to go on. There will be no diet to go off.

Helping you to learn sound nutritional habits, discover your capacity for cardiovascular work, and engage in the most effective ways to exercise are what I do for you as a trainer.

Your commitment, and your belief that you can make a difference in your physical health and shape, is just as important.

Make this your most important project this year!

We will be working as a team. If you don't look good, I don't look good ☺ Rosemarie Ferrara rmf44@msn.com

"It is never too late to be who you might have been." George Eliot