

## Workhorse Fitness Consultation

**INSTRUCTIONS**: 1) Please read and complete this form (front & back) with as much detailed information as possible. 2) The requirements of the Par-Q & You form MUST be completed before services can be rendered. 3) All fees will be accepted by Gary Ransom before the service(s) can be provided.

ame:	Email:
ddress:	<del></del>
ostal Code:	
hone #: Home	 Work/Cell
referred Contact Time -	
	g questions: Fitness Goals: What would you like to achieve? (i.e.: General ge/ Improve body composition/ Bodybuilding/ Sport Conditioning/ Post-
-	e detailed the information, the better we can serve you!
	<del></del>
Based on your goals, what do	you feel is a realistic time frame?
Tuesda em yeur geune, minut de	, ca 100 10 a 100 100 1100 1100 1100 1100

Lifestyle  What is your fitness related activity experience? (i.e.: Beginner/ Returnee/ Active – What have you beer doing for the last 6 months)
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Do you consume alcohol?
yes: no:
How many oz of water do you consume in a day?
How many hours of sleep are you getting during the week? And How many hours are you getting on the on the weekend?

## Work:

Are more sedentary, active, or very active	e at work?
<b>Nutrition:</b> On average how many meals a consuming on the weekends?	re you consuming during the week? How many meals are you
Do you have time to Meal Prep:	
Do you have a food scale and measuring	cups:
Food Dislikes:	
Food Likes:	
roou Likes:	

Personal Informat	ion – Opt	ional & Confiden	tial:				
Height:(M/F)		Weight:	(lbs.)	Age:	(yrs)	Sex:	
Preferred Workou	t Commit	<b>ment</b> – If possiblo	e please supply	<sup>,</sup> availability a	Iternatives:		
Day(s): 1-2 hrs)	(i.e. M/	Th/Sa) Time(s):	(	i.e. 6-7 pm)	Duration:		_ (i.e.