Rise Above Fitness

Client Consultation Form

Private Coaching Discovery Session

CONTACT DETAILS

Name

Email

Phone

Date of birth

YOUR GOALS

Select all that apply

- [ ] Fat loss
- [ ] Muscle building
- [ ] Strength improvement
- [ ] Fitness improvement
- [ ] Confidence
- [ ] Lifestyle change
- [ ] Other

Describe your ideal result: "If we look back 6 months from now, what would success look like?"

Why is this important to you?

YOUR CURRENT SITUATION

Training history (Never / Less than 1 year / 1-3 years / 3+ years)

Days per week (current training)

Training style

Have you worked with a coach before? (Yes / No)

If yes, what worked well?

If yes, what didn't work?

LIFESTYLE

Occupation

Daily activity (Mostly sitting / Moderate movement / Very active)

Average hours of sleep

Sleep quality (Poor / Average / Good)

Stress levels (1 = low, 10 = high)

NUTRITION

Current eating habits

Biggest nutritional challenges

Typical weekday — Breakfast

Typical weekday — Lunch

Typical weekday — Dinner

Typical weekday — Snacks

COMMITMENT

How committed are you?

What could stop you from achieving your goal?