

Client Goals

Today's Date

Name

Please indicate your personal health and fitness goals:

- | | |
|---|---|
| <input type="checkbox"/> Lose Fat | <input type="checkbox"/> Gain Muscle size |
| <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Improve Sports Performance |
| <input type="checkbox"/> Reduce Stress | <input type="checkbox"/> Enhance Health |
| <input type="checkbox"/> Lower risk of disease | <input type="checkbox"/> Reduce Pain |
| <input type="checkbox"/> Stop Smoking | <input type="checkbox"/> Improve Diet |
| <input type="checkbox"/> Rehab Injury | <input type="checkbox"/> Feel better |
| <input type="checkbox"/> Improve Cardiovascular Fitness | <input type="checkbox"/> Increase muscle strength |

What outcomes do you hope to achieve with your fitness program?

What problematic behaviors must you take action against, stop or change in order to meet your goal(s)?

What do you want to feel when you achieve your goal?

What obstacles are keeping you from your goal?

How will you overcome those obstacles?

What is your deadline and timeline to achieve your goal?

Express your goal in terms of a measurable outcome (ie. realistic number of pounds to lose or ideal body weight goal).

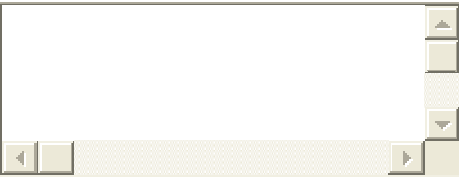
What steps will you take to reach your goal?

Who can help you be accountable to your goal and support you besides yourself?

Please record 3 immediate concrete goals that you are absolutely committed to achieving in the next 4 weeks regarding your fitness program.

- 1.
- 2.

3.

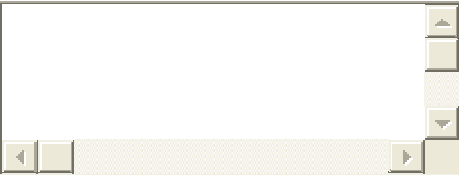


Please record 3 concrete goals that you are absolutely committed to achieving in the next 8 weeks.

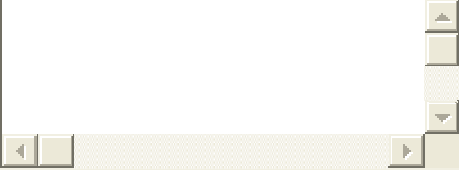
1.



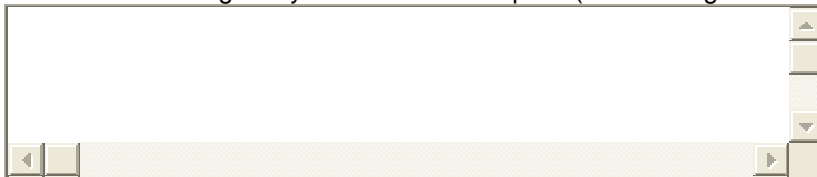
2.



3.



Include additional goals you want to accomplish (ie. smoking cessation, reduce stress, sleep more, etc.)



Additional notes on goals:

