

LifeWorks
HEALTH·SOLUTIONS
GOAL SETTING CONSULTATION

Referral Source: _____

Contact Information:

Last Name: _____ First Name: _____

Home Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Consultation Date: _____ Trainer: _____

Acknowledgement:

First off I would like to acknowledge you for taking the first step in reaching your health and fitness goals. In taking this time to meet with me you really are taking the most important step in realizing your goals- taking ACTION!

Physical Activity History:

What activities are you currently involved in? _____

How many times per week are you physically active for at least 30 minutes? _____

What types of physical activity do you enjoy?

What types of Physical Activity do you not enjoy?

Health History:

As your trainer it is really important for me to know of any health related concerns or issues. Do you have any health concerns or issues that I should be aware of?

Do you suffer from any of the following? Check all that apply.

- Heart Condition
- High Blood Pressure
- High Stress/Anxiety
- Low Back Pain
- Repetitive Strain Injury
- Upper Back/Neck Pain
- Joint Problems
- Past/Recent Surgery
- Other:_____

Do you have a Family **History** for any of the above conditions? YES NO
If yes please list

S.M.A.R.T. Goal Setting:

Now that we have determined where you are at I would like to move forward and look at where you would like to be and how we can get you there as soon as possible!

In order to establish your primary goal and generate an action plan to have you reach that goal we will use the SMART tool for goal setting. SMART goal setting is Specific, Measurable, Action oriented, Reasonable and Timely.

Specific: What Specific goal or health and fitness wish d you have for yourself?

Measurable: Where are you now in relation to your goal?

Action steps: What three action steps are you going to take to have yourself reach that goal?

1.

2.

3.

Reasonable: How do these action steps fit within the constraints of your life?
What has been your greatest obstacle to you reaching this goal up to this point?

Do you have the support of your family?

Timeline: What is your realistic timeline for achieving this goal?

By when: _____

Fitness Prescription:

To accomplish **your health action plan**, you will need to commit to ____ workouts per week. Are you willing to do that? **YES NO**

Ensuring that you are doing the right kinds of exercise with the right technique and at the appropriate intensity levels are key to your success. Working together we will monitor all these things and therefore we can have you reach your goals faster.

YES....

Great let's make an appointment for our first session so we can get you started!

I'm available on _____ at _____.

What days and times are you available to train?

Appointment Date: _____

Appointment Time: _____

NO...

Contact info sent to Coordinator for strength training? YES NO

Notes: