Client: _____**Initial**_____ **Date:** _____

Trainer: _____ **Session #:** _____/_____

Training Focus: _____ **Location:** _____

Considerations: _____ **Duration:** _____

Limitations:_____

CARDIOVASCULAR TRAINING:

Exercise	*Set-Up*	*Intensity*	*Total Time*	*Elapsed Time*	*Heart Rate*	*RPE*

STRENGTH TRAINING:

Exercise	*Sets*	*Reps*	*Weight*

COOL-DOWN / STRETCHING (✓=completed, **A**=assisted, **U**=unassisted)

✓	**Muscle**	**A**	**U**	✓	**Muscle**	**A**	**U**	✓	**Muscle**	**U**	**A**
	Quadriceps				Low Back				Hip Flexor		
	Hamstrings				Upper Back						
	Glutes				Neck						
	Gastroc/ Soleus				Triceps						
	Chest				Biceps						

SESSION NOTES:_____

_____

_____

_____

_____

_____

Next Appointment Date: _____

LifeWorks HEALTH·SOLUTIONS