

Body Transformations Tailored Workout Program
Consultation Form

Name: _____
Address: _____
Email: _____

Date: _____
Date of Birth: _____
Phone: _____
Height: _____ Weight: _____

The tailored workout program will be created based upon the answers given, to produce the results you desire. Depending upon your fitness goals, exercising can be used synergistically with a balanced diet to reach your fitness goals at a much faster rate. Because a balanced diet for one person may not be the same for another person, it's important to discover "your" dietary set-point to maintain permanent fat loss. As your body composition changes, your dietary intake must also change. This service is offered through the 12-Week Body Transformations by Trina – Two Phase Coaching Session. You can get more details at: www.bodytransformationsbytrina.com/coaching. **Remember, muscles are created in the gym, but revealed in the kitchen.**

1. Do you have an active gym membership? Yes or No. If yes, where: _____
 - a. Are you currently on a weight management program? Yes or No If yes, describe: _____
2. When was the last time you worked out? _____
 - a. What is your favorite form of exercise? _____
 - b. What is your favorite exercise machine? _____
 - c. What is your favorite body part to work? _____
3. How often do you **OR** will you work out? Days per Week: _____ How long? _____
4. Describe in detail, what you'd like to accomplish with this workout program? _____

5. Describe any hormonal imbalances with: **Estrogen** - _____
Insulin - _____
Thyroid Hormones - _____
Other hormone imbalances - _____
6. Describe any injuries affecting your ability to work out: _____

7. List medications & purpose for use (*some medications prohibits fat metabolism*): _____

Note: If any question does not apply to you write: N/A in the blank.
Fax the completed form to: 678-828-5865 or Email: BodyTransformationsByTrina@gmail.com