

Ballard Health Club Fitness Training

Name: _____

Member #: _____



Program Review

Please answer the following questions prior to your appointment and turn in at the front desk. *Be as specific as possible.*

Who designed your last program? _____ How long ago was this? _____

- Have you been following the last routine that was designed for you? YES NO
If you answered NO, what have you been doing differently? _____

- Are there any other activities, including sports or classes that you have been doing in addition to the above routine? _____

- From your last program, what exercises did you find yourself really enjoying? Why? _____

- What exercises did you find yourself avoiding? Why? _____

- Was there anything in particular that you feel was missing from your last program? _____

- Since your last session, how have your fitness goals changed? _____

- Please include any additional comments or anything else you would like us to know. _____

Last: _____

First: _____

Ballard Health Club will make no medical diagnosis whether you are or are not sufficiently fit for any exercise activities. If you know or suspect that you are not in good physical condition, especially concerning any previous or present illness or injury that may affect your participation in strenuous exercise, you should consult with your physician.

APPT. DATE: _____ TIME: _____ TRAINER: _____