Online Coaching Form  
Please complete and [email](mailto:info@thelabpersonaltraining.com) the following form. ☺

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| --- | --- | --- |
|  | (Insert Name Here) |  |
| Age: |  | |
| Height: |  | |
| Weight: (average) |  | |
| Goals: (Short / Long term) |  | |
| Photos: (Front / Side / Rear) |  | |
| Current Training:  \*what you are doing currently i.e. walking, swimming, cycling, weights etc. |  | |
| Current Nutrition: \*i.e. counting calories, food frequency, supplements, meal plan / meal prep / food logging etc. |  | |
| Current Education: \*what have you learnt? What would you like to learn?  **Note:** you must be willing to learn about Energy (Calorie) Balance. |  | |
| Focus areas? (pick 3) \*i.e. legs, glutes, core. |  | |
| Coaching Service: \*Click [here](https://www.thelabpersonaltraining.com/services) to select a service. |  | |
| Timeframe: \*estimated weeks to diet? Show date? |  | |
| Medical Restrictions? \*any relevant information i.e. blood work, disorders etc. |  | |

[www.thelabpersonaltraining.com](http://www.thelabpersonaltraining.com)  
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