Online Coaching Form
Please complete and email 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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