

JACKIE KOLD

FITNESS AND YOGA

ENERGY • BALANCE • STRENGTH

FITNESS PROFILE

Date: _____ Name: _____ Age: _____
Height: _____ Current Weight _____
Phone: _____ Email: _____

How often do you currently workout per week?
(Ex. 1-2 times per week, 3-4, 5 or more or not at all) _____

What type of fitness do you most enjoy? _____

What music do you like listen to while exercising? _____

Flexibility Test (check all that apply):

- I can touch my toes without bending my knees while standing.
 I can clasp my hands behind my back with fingers interlaced.
 I can bring my opposite foot to my opposite knee while sitting.

If you have been previously injured, please respond specifically:

Past injury has impacted flexibility/activity/ability. Please describe:

Recent injury has impacted flexibility/activity/ability. Please describe:

What is your primary fitness and/or weight loss goal?

What do you see as your biggest obstacles to fitness/diet success?

What areas of the body would you like to tone the most?

My home fitness equipment: (weights, stability ball, cardio, etc.):

