

Fitness Audit

Do you feel like you are spinning your wheels with your fitness routine or that your body isn't making the progress you want? Let us see what you are doing to make sure all of the components of fitness you need to reach your goals are there.

Fill out this form or email us your current routine and we will give you suggestions to make sure your fitness routine is well rounded.

Name: _____ Email: _____

What are your health/wellness goals?

What are you trying to get out of your regiment and/or workout?

Please map out what movements you do each week as part of your **weekly/monthly fitness routine**:

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------------|---------------|--------------------------------|----------------|-------------------|-----------------|-----------------|-------------------|
| ie. Week 1 | <i>Off</i> | <i>Workout, Yoga class</i> | <i>cardio</i> | <i>basketball</i> | <i>off</i> | <i>BodyPump</i> | <i>Basketball</i> |
| Week 1 | | | | | | | |
| Week 2 | | | | | | | |
| Week 3 | | | | | | | |
| Week 4 | | | | | | | |

If you need guidance with exercise choices please map out your **daily exercises**

| Exercise Name | Sets | Reps |
|--------------------------------|-------------|-------------|
| <i>ie. Barbell bench press</i> | <i>3</i> | <i>12</i> |
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