



PERSONAL DATA

First Name	
Last Name	
Date of Birth	

PAST SPORTS EXPERIENCE

Sport / Activities	
Advance/Medium/Beginner	
Attività Giornaliera (attivo/sedentario)	

GOALS

Goals	
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MEDICAL INFO

Medical Notes/Diseases	
Allergie	
SLEEP (regular, not regular, difficulty sleeping)	
Ongoing Care: Taking: Drugs med, Supplements, Herbal Products	
FAMILIARITY: Diabetes - Hyperglycemia - Thyroid - Other	
Woman Period: regular, not regular, absence, delay	

TRAINING SPACE

- GYM CENTER
- BOX CROSSFIT
- HOME
- CALISTHENICS AREA
- PUBLIC PARK

TRAINING EQUIPMENT

- KETTLEBELL
- TRX
- BARBELL (Bilancere)
- BARBELL (Olympic)
- DUMBELLS (Manubri)
- MEDIC BALL (Palla Medica)
- BOSU
- PLIOMETRIC TABLE
- BOX JUMP
- BAR (Sbarra Trazioni)
- DIP BAR (Sbarre tricipiti)
- RINGS (Anelli)
- SANDBAG (Sacca Zavorrata)
- BULGARIAN BAG (Sacca Zavorrata mezzaluna in pelle)
- CLABS (Clava)
- WALL BALL (Palla Medica Morbida)
- ROPE CLIMB (Corda Arrampicata)
- BATTLE ROPE (Fune pesante)
- JUMP ROPE (Corda Salti)
- BENCH (Panca)
- VEST (Gilet Zavorrato)

TRAINING

N. Weekly training sessions	
Time to train	

NUTRITION

Intolleranze	
Allergie	
PAST DIET: YES / NO	
Goals	
Special requests: NON-LIKE foods	
Special requests: LIKE foods	

EXEMPLE OF YOUR TYPICAL NUTRITION DURING DAY

Breakfast	
Snack 1 (11:00)	
Lunch	
Snack 2 (16:30)	
Dinner	
Snack 3 (If you do)	

TYPE NUTRITION PLAN

- COMPLETE (OMNIVOROUS)**
- VEGETARIAN (I EAT ONLY ANIMAL'S PRODUCTS)**
- VEGAN (I DON'T EAT ANIMALS OR ANIMAL'S PRODUCTS)**
- CELIAC**

PERSONAL INFO (Weight & Measures)

- Weight (lb/kg)** _____
- Height (inc/cm)** _____
- Age** _____
- Work Type: no work, sedentary, medium active or more active (es. woodman, industry worker, etc)** _____
- Lifestyle** _____

GENDER

- Male**
- Female**
- Other**

MEASURES (inc/cm)

- Waistline** _____
- Forearms** _____
- Wrist** _____
- Leg** _____
- Hips** _____
- Arms (half the length of biceps)** _____
- Cesth** _____

YOUR MAIL ADDRESS : _____