



Client Goal Sheet

People with goals succeed because they know where the finish line is!

1. Rank your Health and Fitness Goals

#1 _____

#2 _____

#3 _____

2. How will your goals be achieved? Be very specific. List Duration, Frequency, Intensity, etc.

#1 _____

#2 _____

#3 _____

3. What Dietary Modifications need to be made? Keep them Realistic and Achievable

#1 _____

#2 _____

#3 _____

3. Date for Re-Assessment _____

Client Signature _____