



**6 Week  
Transformation  
Plan**

**Start to Finish**



# Initial Consultation

# LBPT

## Client Information

First Name: .....

Last Name: .....

Mobile Number: .....

Email: .....

Are you a member of a gym? yes / no    If yes, how often do you exercise? .....

How much did you weigh 1 year ago?.....

How much do you weigh now?.....

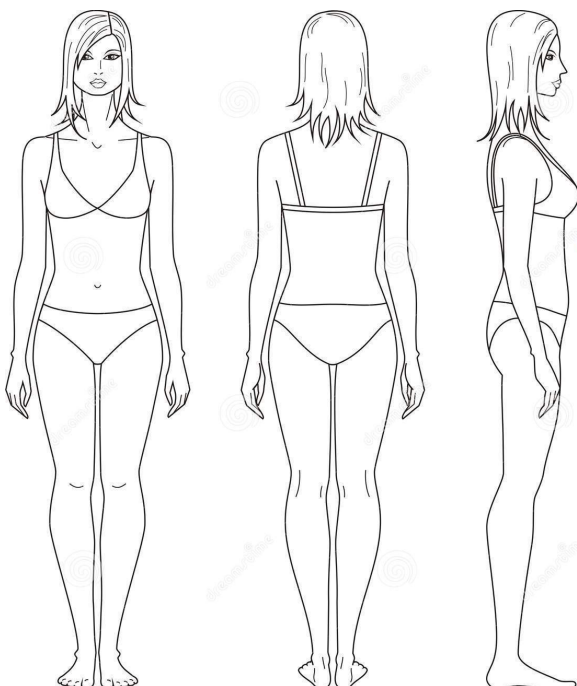
What is your goal weight?.....

Why is this goal important to you?

.....

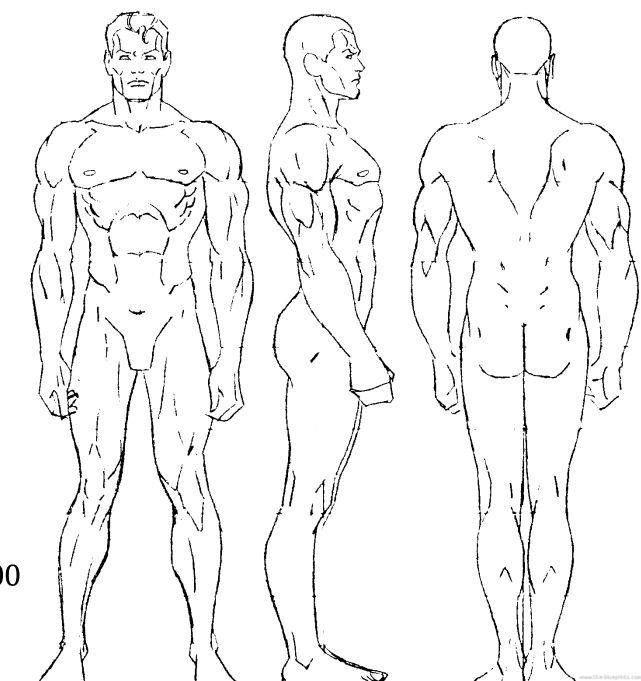
.....

.....



### Ratings

- Chest \_\_\_\_\_
- Shoulders \_\_\_\_\_
- Biceps \_\_\_\_\_
- Stomach \_\_\_\_\_
- Quads \_\_\_\_\_
- Back \_\_\_\_\_
- Triceps \_\_\_\_\_
- Glutes \_\_\_\_\_
- Hamstrings \_\_\_\_\_
- Calves \_\_\_\_\_
- Total: \_\_\_\_\_/100



# Weekly Check ins

LBPT

## Start

| Energy Levels | Mood | Workouts | Diet | Weight | Photo |
|---------------|------|----------|------|--------|-------|
| /10           | /10  |          | N/A  |        |       |

## Week 1

| Energy Levels | Mood | Workouts | Diet | Weight | Photo |
|---------------|------|----------|------|--------|-------|
| /10           | /10  |          |      |        |       |

Notes:

## Week 2

| Energy Levels | Mood | Workouts | Diet | Weight | Photo |
|---------------|------|----------|------|--------|-------|
| /10           | /10  |          |      |        |       |

Notes:

## Week 3

| Energy Levels | Mood | Workouts | Diet | Weight | Photo |
|---------------|------|----------|------|--------|-------|
| /10           | /10  |          |      |        |       |

Notes:

# Weekly Check ins

LBPT

## Week 4

| Energy Levels | Mood | Workouts | Diet | Weight | Photo |
|---------------|------|----------|------|--------|-------|
| /10           | /10  |          |      |        |       |

Notes:

## Week 5

| Energy Levels | Mood | Workouts | Diet | Weight | Photo |
|---------------|------|----------|------|--------|-------|
| /10           | /10  |          |      |        |       |

Notes:

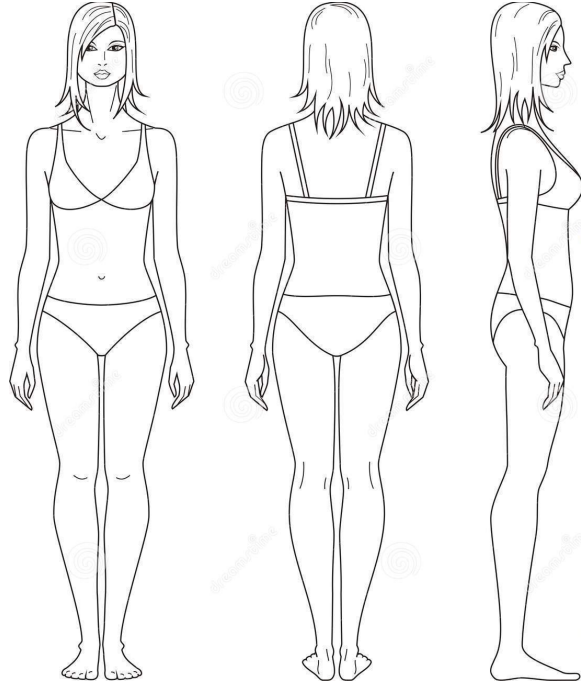
## Week 6

| Energy Levels | Mood | Workouts | Diet | Weight | Photo |
|---------------|------|----------|------|--------|-------|
| /10           | /10  |          |      |        |       |

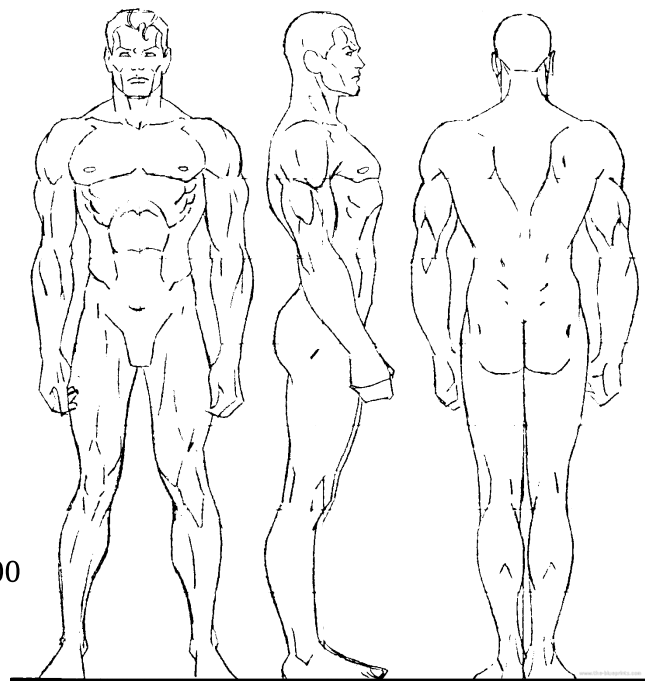
Notes:

# Completion Consultation

# LBPT



- Ratings**
- Chest \_\_\_\_\_
  - Shoulders \_\_\_\_\_
  - Biceps \_\_\_\_\_
  - Stomach \_\_\_\_\_
  - Quads \_\_\_\_\_
  - Back \_\_\_\_\_
  - Triceps \_\_\_\_\_
  - Glutes \_\_\_\_\_
  - Hamstrings \_\_\_\_\_
  - Calves \_\_\_\_\_
  - Total: \_\_\_\_\_/100



## Closing Questionnaire

Starting Weight: .....

Closing Weight: .....

How have you found the 6 week process?

.....

.....

Are there any improvements you think could be made?

.....

.....

Is there anything else you would like to say?

.....

.....

.....





07403 625 771

lukebarden.pt@gmail.com

Luke Barden Personal Training

The Shire London

St Albans Road

Barnet

EN5 4RE