

# Workout Record Form

Client's Name: .....

<b>Day and Date.</b>	<b>Warm-Up.</b>	<b>Goals this phase.</b>	<b>Client Limitations.</b>
<b>Time.</b>		<b>Grade of workout.</b>	

<b>Cardiovascular Training. Machine/Studio/Outside.</b>	<b>MHR./HHR</b>
	<b>THR.</b>
	<b>Intensity Level.</b>

<b>Phase.</b>	<b>Sets.</b>	<b>Reps.</b>	<b>Tempo.</b>
<b>Chest.</b>			
<b>Back/Traps.</b>			
<b>Legs.</b>			
<b>Shoulder.</b>			
<b>Arms Bicep/Triceps</b>			
<b>Abdominal.</b>			

**Independent. Qualified. Professional.**

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<b>Flexibility.</b> <input type="checkbox"/> Hamstrings <input type="checkbox"/> Upper Back <input type="checkbox"/> Neck <input type="checkbox"/> Hips <input type="checkbox"/> Groin <input type="checkbox"/> Pecs <input type="checkbox"/> Low back <input type="checkbox"/> Calf <input type="checkbox"/> Triceps <input type="checkbox"/> Shoulder <input type="checkbox"/> Internal/external shoulder rotators	<b>Aches, pains, problems.</b>	<b>Weight.</b>
	<b>Discuss with client.</b>	<b>Date.</b> <b>Energy levels.</b>

**Additional Information/Notes**

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