

# CONSULT QUESTIONNAIRE

YOU... WE...

KNOW HEALTH ISN'T ABOUT A QUICK FIX

TAKE A WELL-ROUNDED APPROACH TO FITNESS, NUTRITION, HEALTH AND HEALING

ARE NOT A FAN OF COOKIE-CUTTER PROGRAMS

ALWAYS CUSTOMIZE OUR OFFERINGS TO MEET YOUR NEEDS

HAVE AN UNQUENCHABLE THIRST FOR MORE ANSWERS

HAVE SOME ANSWERS AND ARE RELENTLESS IN OUR DESIRE TO KNOW MORE

RISE TO THE OCCASION WHEN PRESENTED WITH MEANINGFUL CHALLENGES

WILL BE THERE FOR YOU THROUGH THE HIGHS AND LOWS

KNOW YOU CAN ALWAYS BECOME MORE, AND YOU'RE TIRED OF EXCUSES

ARE COMFORTABLE WITH MAKING YOU UNCOMFORTABLE - SAID WITH A SMILE AND A FRIENDLY NUDE

BELIEVE HEALTH DOESN'T HAVE TO BE SUCH A SERIOUS TOPIC

BELIEVE FUN IS FUNDAMENTAL

BELIEVE YOUR BODY IS CAPABLE OF SO MUCH MORE

BELIEVE WE CAN HELP YOU UNLOCK AND LIVE OUT YOUR POTENTIAL

THRIVE WHEN YOU HAVE A PLAN

LOVE STRATEGY, SIMPLIFICATION, AND MASTER PLANNING

ARE READY FOR CHANGE

ARE READY TO BRING IT!

**TRUE**  
HEALTH AND WHOLENESS

Would you like to lose weight, recover from injury, reduce/eliminate pain, accomplish a strength/performance goal, improve your digestion, improve your dietary habits, establish a healthy lifestyle, or something else?

**LET'S DO IT!**

Use the questions on the next page to help us craft a plan specifically for you!



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FITNESS - FOOD - WELLNESS - EDUCATION



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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ email: \_\_\_\_\_  
Address: \_\_\_\_\_

1. Welcome! Please tell us about your health journey to this point.

*Briefly describe your exercise and dietary history, mention any injuries, surgeries, health conditions, and chronic challenges.*

2. What brought you here today? Consider including your top 2-3 goals in your response.

3. How would your life look different if you accomplished your goals?

4. What do you perceive to be the biggest challenge you are facing right now?

5. Have you been a member of a gym before or had a trainer before?

6. What happened that made you quit (or not achieve success) previously? What would make this time different?

7. What are your expectations of us?



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8. Is there anything in particular that frustrates you about working with our industry?

9. What (if anything) is your biggest emotional fear in making a purchase with us?

10. What is the one thing, if we could guarantee, you would pay a premium?

11. What questions do you have for us?

12. Use the calendar below to help us know what major commitments you have and what we'll need to plan around as we map out your master plan. *Please shade in the boxes with your major commitments, and provide notes to the side.*

Time Chart	Sun	Mon	Tue	Wed	Thu	Fri	Sat
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
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8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							

**THANK YOU! WE LOOK FORWARD TO WORKING WITH YOU!**



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