

# NVBfitness

Studio • Online • Home • Fun

**NELSON BELTIJAR** Phone: (416) 564-0372 E-mail: [nelson@nvbfitness.com](mailto:nelson@nvbfitness.com)

Website: [NVBfitness.com](http://NVBfitness.com)

## Your Personal Aims ...

- \_\_\_\_\_ Increase Cardiovascular Fitness
- \_\_\_\_\_ Address Sports Conditioning
- \_\_\_\_\_ Fat Loss
- \_\_\_\_\_ Increase Muscular Strength
- \_\_\_\_\_ Increase Muscular Endurance
- \_\_\_\_\_ Increase Flexibility
- \_\_\_\_\_ Post – Injury Exercise Prescription
- \_\_\_\_\_ Address Posture
- \_\_\_\_\_ Vacation / Special Event Coming Soon
- \_\_\_\_\_ Wedding Coming Soon
- \_\_\_\_\_ Increase Balance & Spatial Awareness
- \_\_\_\_\_ Increase Muscle Tone
- \_\_\_\_\_ Strengthen Core
- \_\_\_\_\_ Address Upper Body
- \_\_\_\_\_ Address Lower Body
- \_\_\_\_\_ Increase Physical Activity
- \_\_\_\_\_ Decrease Stress
- \_\_\_\_\_ Enhance Quality of Sleep
- \_\_\_\_\_ Hand –Eye Co-ordination
- \_\_\_\_\_ Motor Skills Training
- \_\_\_\_\_ Work / Sports Specific Training
- \_\_\_\_\_ Feel Accomplished
- \_\_\_\_\_ Feel Energized and Invigorated
- \_\_\_\_\_ Other

## History Intake:

### Activity:

How many days a week do you participate in Sport, Exercise, and / or Play ??? = \_\_\_\_\_ days / week

What Activities do you do =

How long to do you spend, in minutes, doing each of these activities =

What level of intensity, on a scale of 1 – 10, do you perform at while doing these activities = \_\_\_\_\_  
(1 = Low Intensity, 10 = 100 % Effort throughout the activity)

**Stress Level:**

Your daily stress level is ??? (on a scale of 1 – 10) = \_\_\_\_\_  
(1 = No Stress, 10 = Extreme Overbearing Worrying Stress)

**Sleep:**

How many hours of Uninterrupted Sleep do you get nightly ???

\_\_\_\_\_ More than 8 hours

\_\_\_\_\_ 8 hours

\_\_\_\_\_ 6 -7 hours

\_\_\_\_\_ Less than 6 hours

**Eating Habits:**

How often do you eat OUT per week ???

\_\_\_ ALL meals

\_\_\_ Daily

\_\_\_ 2 X / week

\_\_\_ 3 X / week

\_\_\_ 4 X / week

\_\_\_ 5 X / week

\_\_\_ 6 X / week

\_\_\_ Breakfasts

\_\_\_ Lunches

\_\_\_ Dinners

Do you Smoke regularly ??? =

Do you consume Alcoholic Beverages weekly ??? =