

Gym Program Card

Client Name:		Initial Program Date:			Follow Up Program Date:				
Client Goal/s:				Special Considerations:					
Warm-up:									
Workout:	Date								
Exercises	S/R/W	S/R/W	S/R/W	S/R/W	S/R/W	S/R/W	S/R/W	S/R/W	S/R/W
Cool-down & Stretch									
Recovery Time:									
Comments:									