Workout Planner

Client information									
Name:			Age:				Date:		
Practitioner:			Height:				Weight:		
Fitness goals									
Indicate your current fitness level (1 = never active, 10 = active every single day)									
1	2	3	4	5	6	7	8	9	10
Day	Focus a	reas	Exercise type		Exercises & sets x reps		Duration	Intensi	ty
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Additional notes									