



EXCELSIOR

“Athletes”

PRE-SCREENING

GENERAL INFORMATION	
NAME	
SURNAME	
AGE	
HIGH	
WEIGHT (AVERAGE)	
Body fat % (if possible)	
Body fat % goals (if have one)	
Weekly Calories intake (average)	
Years of weight training	

mark on this timeline how your typical day is structured (time wake up, time of eating, time of work, time to bed) and with an “x” when do you train with you specific sport

- A = WAKE UP** **B1= WORKING START** **B2= WORKING FINISH**
- C= TIME WHERE YOU CAN WORKOUT**
- E= EATING (BIG MEAL OR SMALL MEAL)**

DAY STRUCTURE																								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	20	21	22	23	24	25	

SPECIFIC TRAINING						
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM						
PM						

GENERAL INFORMATION

QUESTION	YES	NO	EXTRA NOTES
Did you have any injuries?			
How long do you workout in the gym and how many times a week?			
Do you wake up full of energy in the morning?			
How much do you sleep?			
Do you smoke?			
Do you drink alcohol? how many times per week?			
Are you playing sport at the moment? or are going to the gym/home workout?			
Do you have a Fitness goals? if yes, which one?			
Do you know how to perform SQUAT (back squat with barbell) correctly? 1-10			
Do you know how to perform DEADLIFT (with barbell) correctly? 1-10			
Do you know how to perform BENCH PRESS (barbell) correctly? 1-10			

ACTIVITY LEVEL COEFFICIENT

ACTIVITY LEVEL (WORK)	
Sedentary	<input checked="" type="checkbox"/>
Lightly Active	<input type="checkbox"/>
Moderately Active	<input type="checkbox"/>
Very Active	<input type="checkbox"/>
Extremely Active	<input type="checkbox"/>

ACTIVITY LEVEL COEFFICIENT

INTENSITY OF TRAINING	
Little to no exercise	<input checked="" type="checkbox"/>
Light exercise/sports 1-3 days/week	<input type="checkbox"/>
Moderate exercise/sports 3-5 days/week	<input type="checkbox"/>
Hard exercise/sports 6-7 days a week	<input type="checkbox"/>
Very heavy exercise/ physical job/ training twice a day	<input type="checkbox"/>

Which kind of gym are you going to sign up? (functional training gym, gym with machine, home gym, etc)

Show me here how would you like to have your weekly training routine:
(X = rest day ; ✓ = Training days)

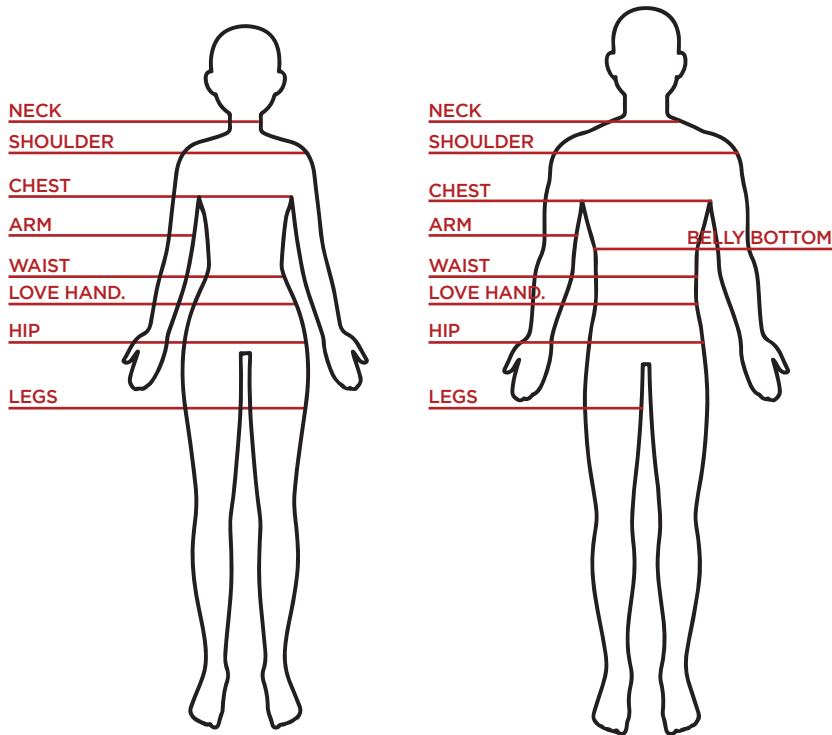
DAYS	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Option (1)							
Option (2)							

16) what day of the week are you sure you go to the gym/training 100%? ✓

DAYS	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Option (1)							
Option (2)							

Take without t-shirt (bikini for girls) front, lateral and back pictures full size, try with good light and with neutral background. You can either paste it here or send me by e-mail.

Take this body measure (cm):



DESCRIPTION	
WAIST	
SHOULDER	
ARMS	
CHEST	
LEGS	
LOVE HAND.	
BOOTY	
NECK	
BELLY BUTTON	
HIP	

BOOTY: circumference from half gluteus
NECK: on the thin part

BOOTY: circumference from half gluteus
NECK: under Adam's apple.
CHEST: circumference from the nipples

If you already made a 1 or 2 RM TEST at the gym please fill here your latest result (if it's older than 3 months don't sign it)

	BENCH PRESS	BACK SQUAT	DEADLIFT	MILITARY PRESS	HIP TRUST	CLEAN	SNATCH
1 RM							
2 RM							

If you did any other test (field test , combine test , WL tests ,) , please feel free to write it down here:

ALMOST DONE

NOTE: (anything i should know about you to help me to design your personalized program ex: work, lifestyle, fitness goals, MORE DETAILS OF YOUR INJURIES etc.). Plus , if you have any medical files about your injury you want to share please send it to my e-mail .

SIGNATURE _____

DATA ____/____/____

Coach Destiny

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