# Body-Transformation Coaching Application Form

Please fill out this application to the best of your ability and email it back to oskar@sftransformation.com with the subject line “Your Name – Application”.

# (1) Personal data

|  |  |
| --- | --- |
| Best email address |  |
| Full name |  |
| Gender |  |
| Age |  |
| Location |  |
| Occupation |  |
| Phone number |  |
| Birth date |  |

# (2) Body stats

My 2 minute measurement video guide: <https://youtu.be/caHRwP2lZSo>

|  |  |
| --- | --- |
| Height in centimeters |  |
| Bodyweight in kilograms |  |
| Waist measurement in centimeters |  |
| Hip measurement in centimeters |  |

# (3) What is your body composition?

(Put an X to fill out)

|  |  |
| --- | --- |
| Skinny-fat |  |
| Skinny |  |
| Fat |  |
| Lean and fit |  |

# (4) Do you prefer to train at home or at the gym?

(Put an X to fill out)

|  |  |
| --- | --- |
| I prefer to train at home and I have a pull up bar. |  |
| I prefer to train at the gym. |  |
| I prefer… (Please define). |  |

# (5) Do you have access to the following equipment:

(Put an X to fill out)

|  |  |
| --- | --- |
| Pull up bar |  |
| Parallel dip bar |  |
| Power rack |  |
| Squat rack |  |
| Adjustable bench |  |
| Barbell and as many weight plates you need |  |
| Full dumbbell set |  |
| Cable pulley station (with rope and handle attachments) |  |
| Lat pulldown machine |  |
| Leg press |  |
| Hamstring curl machine |  |
| Leg extension machine |  |
| Smith machine |  |
| Calf raise machine |  |
| Dip belt (for extra weight) |  |

# (6) How many days per week can you train?

(Put an X to fill out)

|  |  |
| --- | --- |
| 4 days. |  |
| 5 days. |  |
| 6 days. |  |
| 7 days. |  |

(7) How long time can you train on these days?

(Put an X to fill out)

|  |  |
| --- | --- |
| 20 minutes. |  |
| 30 minutes. |  |
| 45 minutes. |  |
| 60 minutes. |  |
| 75 minutes. |  |
| 90 minutes. |  |
| 105 minutes. |  |
| 120 minutes. |  |
| As long as it takes. |  |

# (8) What are your current estimated maxes on:

|  |  |
| --- | --- |
| Chin up or pull up |  |
| Push up |  |
| Barbell squat |  |
| Barbell bench press |  |
| Military press |  |
| Deadlift |  |
| Barbell row |  |

# (9) Do you play any sports?

*Put an X below (if you play a sport, please write the name of it and how often you do it).*

|  |  |
| --- | --- |
| Yes, I play… |  |
| No. |  |

# (10) Injuries

*Do you have any injuries, health problems or limitations that might prevent you from doing anything? If so, please provide a brief description.*

*If you answered yes to the above question, do you have clearance from
your doctor to participate in a physical exercise program? (Put an X below):*

|  |  |
| --- | --- |
| Yes, I have a clearance from my doctor to participate in an exercise program. |  |
| No, I do not have a clearance from my doctor to participate in an exercise program. |  |

# (11) Training History

*Have you followed any training programs in the past or do you follow one now? If so, please list your training program(s) below and tell me about your results with them. Be as specific as possible.*

*Are there any exercises that bother you?*

# (12) Dietary Preferences

*What is your current diet like? Please be as honest and specific as possible.*

*Have you followed any diets in the past? Please list the diets below and the results you had with them.*

*Are there any foods you absolutely dislike?*

*What is your dietary budget per month?*

*Below, I will list some of the top foods that I include in most of my diet plans. If you have any issues with any of these foods (difficulty accessing them, indigestion, allergies or bloating) I need to know before making your diet plan. (Put an X if you have any issues with any of the foods or you can’t buy them)*

|  |  |
| --- | --- |
| Chicken Breast |  |
| Turkey Breast |  |
| Ground Beef |  |
| White Rice |  |
| Brown Rice |  |
| Potatoes |  |
| Sweet Potatoes |  |
| Eggs |  |
| Pineapple |  |
| Nuts |  |
| Coconut Oil |  |
| Bananas |  |
| Dark Chocolate |  |

*Do you have other food intolerances or food allergies?*

*If there are any foods that you REALLY want me to include in your diet (either because of cultural reasons or because they work very well for you), please list them below together with a quick explanation of why you want these foods included in your diet.*

# (13) Digestion, Sleep and Health

*Do you often get bloated, gassy or constipated?*

*Do you often get stressed?*

*Do you get good sleep most nights of the week?*

# (14) Drugs, Hormones and Supplements

*Have you taken any supplements or drugs in the past? If so, please list them below.*

*Are you currently taking any supplements or drugs?*

*Have you ever done blood work for hormones such as testosterone and estrogen or the thyroid? If so, please list it here or send a copy to my email.*

*Are you on blood thinning medication? (I need to know this because it can interfere with Omega-3 supplementation).*

# (15) Define your ideal physique.

*How does your ideal physique look like? Is it wide shoulders and a flat waist? Is it big arms and defined abs? Be as specific as possible and include examples if you can.*

# (16) Why do you want to transform?

*Tell me why you want to transform. Be as specific as possible. You need to have a strong why (or several strong whys) to be successful in your transformation. Be honest here, there’s nothing to be ashamed of. I have been through it all myself and I won’t share this with anyone.*

# (17) Upcoming Life Events

Are you taking a vacation in the next 3 months?

Do you have any major events coming up? (weddings, graduation etc.)

Are you travelling for work in the next 3 months?

# Is there any other reason that you think your training may be interrupted in the next 3 months?

# (18) Final Questions…

*Is there anything else I should know of before making your program? This is the place to put it.*

*How did you decide to apply for my coaching program? (Put an X)*

|  |  |
| --- | --- |
| SkinnyFatTransformation.com blog |  |
| My Email Newsletter |  |
| Through a friend |  |
| Other (please define) |  |

Please fill out this application to the best of your ability and email it back to oskar@sftransformation.com with the subject line “Your Name – Application”.