Exercise Session Recording Form

Client's Name_____ Trainer's Name_____

Day_____ Date_____Time_____am/pm

Aerobic Training Prescription

Mode	Intensity	Duration	Notes

Resistance Training Prescription

Program Emphasis:	Chest	Shoulders	Triceps	Biceps	Back	Abs	Low Back	Quads	Ham-strings	Calves
		Set #1		Set #2		Set #3		Set #4		Action Code(s)
Name of Exercise		Reps	Weight	Reps	Weight	Reps	Weight	Reps	Weight	

Session Notes:

Action Codes (use as applicable) SS = Superset, C=Circuit, H=Heavy, L = Light, DB = Dumbbells, BC = Balance Challenge