

Exercise Session Recording Form

Client Name _____ SS# _____ Date _____

Location _____ Time _____

Pre-exercise Client Affect

How do you feel? _____

How did you feel after last session? _____

Exercise Session

I. Warm-up Component (Summary)

II. Cardiovascular Component

Target Heart Rate _____

Type of Ex.	Intensity	HR Response	Time	Client Response
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. Strength Component

Type of Ex.	Set	Reps	Weight	Client Response
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

IV. Cool-down Component (Summary of Cool –down Exercises and Client’s Response)

General Summary of Session
