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*Gainz*

# CxG

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# *Welcome to CxG*

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# ***Welcome New Client***

## ***(Coached by Gainz)***

THE FOLLOWING QUESTIONNAIRE IS DESIGNED TO GIVE THE COACH AN UNDERSTANDING OF YOUR TRAINING HISTORY, CURRENT CONDITION AND GOALS. COACHES WILL USE YOUR ANSWERS TO DEVELOP THE BEST APPROACH TO ACHIEVE YOUR GOALS AND REACH YOUR FULL POTENTIAL. PLEASE ANSWER THE FOLLOWING QUESTIONS HONESTLY AND COMPLETELY.

EMAIL YOUR RESPECTIVE COACH:

ROSS : HI@COACHEDBYGAINZ.COM

RAY : RAY@COACHEDBYGAINZ.COM

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# ***Meet Your Coaches***

***(Coached by Gainz)***



**COACH ROSS**

 **@rossflanigan\_gainz**



**COACH RAY**

 **@raymond\_pownall2021**

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# ***Instructions***

## ***(Please Read Carefully)***

We are very excited to have you begin with Ross.

In order for it to be a smooth transition process we have laid out some guidelines as to how the Initial Athlete Consult needs to be filled out.

The Initial Athlete Consult must have an authorized signature. This cannot be text from a computer or a photo of your signature.

Option 1.) Use the "ADOBE FILL & SIGN" signature app or any free application that you can find on Google on your smart phone or tablet to both fill out and sign the document. The process is identical to what you did for the liability release form:

[https://www.youtube.com/watch?v=9j\\_N6a4YBQE](https://www.youtube.com/watch?v=9j_N6a4YBQE)

Option 2.) Print the Initial Athlete Consult, sign in the appropriate section. Once you have signed in the required places, scan and send the document back to us at your coaches email.

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# ***General Information***

NAME:

HEIGHT:

WEIGHT:

AGE:

OCCUPATION:

CURRENT RESIDENCE (CITY / STATE OR PROVINCE):

## ***Personal Goals***

WHAT IS THE GOAL(S) THAT WE CAN HELP YOU ACHIEVE?

WHAT IS THE DATE IN WHICH YOU LIKE TO REACH YOUR CURRENT GOAL? IF COMPETING, PLEASE LIST YOUR CURRENT CONTEST DATE.

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# ***Training Related Information***

HOW MANY DAYS A WEEK CAN YOU TRAIN?

HOW MANY HOURS CAN YOU SPEND TRAINING PER DAY?

WHAT TIME OF DAY DO YOU NORMALLY TRAIN? IF YOU HAVE AN ABNORMAL WORK SCHEDULE JUST SPELL IT OUT BELOW.

# ***Cardio Related Information***

WHAT IS YOUR CURRENT CARDIO/CONDITION REGIMEN, IF ANY? STEPS - LENGTH OF TIME - HOW FAR - WHAT RATE.

WHAT TYPE OF CARDIO HAVE YOU FOUND TO WORK BEST FOR YOU?

DO YOU NORMALLY DO CARDIO IN A FASTED OR FED STATE?

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# ***Training Program Design Information***

WE ARE ALL DIFFERENT BIOMECHANICALLY. PLEASE LIST SOME OF THE EXERCISES YOU HAVE FOUND THAT SUIT YOUR STRUCTURE WELL.

LIST ANY EXERCISES TO AVOID IN THE DESIGN OF YOUR PROGRAM. IT COULD BE DUE TO INJURIES.

WHAT TRAINING EQUIPMENT DO YOU HAVE ACCESS TOO? PLEASE LIST: (EXAMPLES: SQUAT RACK, BARBELLS, HAMMER STRENGTH MACHINES, SPIN BIKE, ETC.)

HOW MANY DAYS A WEEK ARE YOU TRAINING? WHAT DAYS?

PLEASE LIST TOTAL VOLUME OF YOUR CURRENT PROGRAM (SETS, REPS OR ANY INTENSITY TECHNIQUES USED)?

WHAT IS YOUR CURRENT TRAINING SPLIT?

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# ***Nutrition Recommendation Program Information***

PROVIDE A DETAILS OF AN AVERAGE DAY OF YOUR CURRENT DIET /NUTRITION INFORMATION. \*\*SPEND A LOT OF TIME HERE. IF YOURS IS NOT STRUCTURED TELL ME YOUR PAST 2 WEEKS.

FOR EXAMPLE: BLUEBERRIES - 1 CUP - DAILY. OR 15 OZ TURKEY - 99/1 LEAN - M, W, F. FOODS YOU ENJOY AND DONT. SPEND TIME HERE!!

IF YOU KNOW YOUR CURRENT MACRONUTRIENT INTAKE BREAKDOWN PLEASE PROVIDE THE AMOUNTS OF FATS/CARBS/PROTEIN.

HOW LONG HAVE YOU BEEN AT YOUR CURRENT INTAKE?

HOW HAS YOUR WEIGHT LOSS AND GYM PERFORMANCE BEEN AT THIS INTAKE?

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# ***Nutrition Recommendation Program Information***

HAVE YOU BEEN MAINTAINING, GAINING OR LOOSING WEIGHT AT YOUR CURRENT INTAKE? AND IF SO, WHAT HAS BEEN YOUR RATE OF LOSS OR GAIN?

HOW MANY UNTRACKED OR FREE MEALS ARE YOU CURRENTLY HAVING ON A WEEKLY BASIS?

ANY DIGESTION ISSUES OR FOODS THAT CAUSE DISCOMFORT?

LIST ANY CURRENT PERFORMANCE SUPPLEMENTS OR DOCTOR PRESCRIBED MEDICATIONS THAT YOU ARE TAKING

IF YOU HAVE BEEN TESTED FOR OR KNOW OF ANY FOOD RELATED SENSITIVITIES OR ALLERGIES, PLEASE LIST THEM BELOW.

ANY OTHER INFORMATION THAT YOU COULD PROVIDE THAT YOU FEEL WOULD BE VITALLY IMPORTANT IN YOUR PROGRAM DESIGN PLEASE LIST BELOW.

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# ***Female ONLY Information***

DO YOU HAVE A REGULAR MENSTRUAL CYCLE? IF NOT, PLEASE EXPLAIN. IF SO, ARE YOU ON BIRTH CONTROL?

HAVE YOU RECENTLY RECEIVED A COMPREHENSIVE BLOOD PANEL? IF SO, PLEASE PROVIDE THE RESULTS & LIST ANY IRREGULARITIES.

## ***Contest Prep ONLY Information***

IF YOU HAVE COMPETED BEFORE PLEASE DESCRIBE US WITH A DETAILED DESCRIPTION OF YOUR PAST DIET USED IN YOUR CONTEST PREP.

PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR PAST CARDIO PROTOCOLS UTILIZED THROUGHOUT YOUR CONTEST PREP.

PLEASE PROVIDE AN IN DEPTH DESCRIPTION OF WHAT YOUR LAST PEAK WEEK PROTOCOL WAS MADE UP OF IN TERMS OF TRAINING /NUTRITION / SUPPLEMENTATION / WATER/ ELECTROLYTES.

WHAT DO YOU FEEL WORKED WELL FOR YOU IN THE PAST AND WHAT DO YOU FEEL NEEDS TO BE CORRECTED?

# ***Other Information***

WHAT ARE YOUR CURRENT STRESS LEVELS ON A SCALE OF 1-5, WITH 1 BEING VERY LITTLE AND 5 BEING EXTREME?

HAVE YOU USED OR ARE YOU CURRENTLY USING ANY PERFORMANCE ENHANCING SUPPLEMENTS. PLEASE PROVIDE A DETAILED HISTORY BELOW AS WELL AS RESPONSE AND ANY ISSUES THAT PRESENTED THEMSELVES DURING USE.

WHEN WAS THE LAST TIME THAT YOU HAD COMPLETE BLOOD WORK? IF YOU HAVE CURRENT DOCUMENTATION PLEASE ATTACH THAT TO YOUR EMAIL SO THAT YOUR COACH CAN REVIEW IT.

# ***Progress Pictures***

PLEASE TAKE AND SEND CURRENT PROGRESS PICTURE WITH YOUR INFORMATION. WE DO REQUIRE THESE TO BEGIN. PLEASE REVIEW THIS LINK FOR SUPPORT ON PHOTOS SHOULD LOOK: [HTTPS://COACHEDBYGAINZ.COM/CHECK-IN-PHOTOS/](https://coachedbygainz.com/check-in-photos/)

IF YOU HAVE PREVIOUSLY COMPETED PLEASE PROVIDE STAGE CONTEST PICTURES FROM YOUR LAST COMPETITION.

CURRENT PROGRESS PICTURE GUIDELINES:

ALWAYS USE A FLASH

TRY TO AVOID SHADOW

TRY TO TAKE THEM IN FRONT OF A PLAIN BACKGROUND

SEND A FRONT, SIDE AND BACK PICTURE.FULL BODY (HEAD TO TOE)

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# ***Progress Pictures***

FOR COMPETITORS:

WEAR YOUR POSING SUIT

SEND YOUR QUARTER TURNS

BODYBUILDING AND WPD

SEND A FRONT AND REAR DOUBLE BICEP POSE

SEASON ATHLETES

MEN: WEAR SHORTS OR BOXER/BRIEFS NO LONGER THAN MID-THIGH

WOMEN – SHORTS NO LONGER THAN MID-THIGH AND SPORTS BRA OR SWIMSUIT.

I UNDERSTAND THAT I SHOULD CONSULT MY PHYSICIAN PRIOR TO STARTING AN EXERCISE AND DIET PROGRAM. I HEREBY INTEND TO BE LEGALLY BOUND FOR MYSELF, MY HEIRS AND EXECUTORS, AND WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MIGHT HAVE AGAINST COACHED BY GAINZ FOR ANY INJURIES AND LOSSES AS A RESULT OF ANY DIET, SUPPLEMENTATION OR TRAINING ADVICE I MAY RECEIVE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

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