# 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 | |
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**Session Notes:**

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