

Personal Information

Last Name _____ Birth date _____
First Name _____ Age _____
Address _____ Occupation _____
City _____ State _____ Zip code _____
Home Phone _____ Cell Phone _____
Work Phone _____ Email Address _____
Height _____ Gender _____

Assessments

Date _____

Neck	_____	Waist	_____	Body Fat %	_____
Chest	_____	Hips	_____	Bicep	_____
Upper Arm	_____	Thigh	_____	Tricep	_____
Forearm	_____	Calf	_____	Supscapula	_____
				Illiic Crest	_____

Current body weight _____
Fat Mass LBS _____
Lean Mass LBS _____

Projected body Fat Loss _____
Projected Lean Mass Gain _____

Resting Heart Rate _____

Fitness Goals

What is your primary goal?

- Lose fat
- Gain Muscle
- Increase Sport Performance- no change in body composition
- Increase Sport Performance- with weight loss
- Increase Sport Performance- With weight gain
- Improve health and daily activities only- not change in weight

If you answered to increase sports performance, indicate your level

- Novice
- Intermediate
- Advanced

Are you currently exercising?

- Yes
- No

Are you currently participating in a sport activity?

- Yes
- No

If yes, what sports do you play? _____

Are you currently participating in a resistance/weight training program

- Yes
- No

If yes, how long consistently?

- Less than 3 months
- 3 months to 1 year
- More than 1 year

Are you currently participating in or have you participated in a cardio respiratory program within the last 2 months?

- Yes
- No

If yes, how many days per week?

- Less than/equal to 3
- More than 3

How many days per week do you want to work out

- Cardiovascular exercise
- Weight/resistance training

What 3 modes of cardio respiratory exercise would you like to perform (i.e. treadmill, elliptical, swimming, etc)?
