



## ASSESSMENT FORM PAGE 1

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy) Gender: \_\_\_\_ (female) \_\_\_\_ (male)

Height: \_\_\_\_ (ft.) \_\_\_\_ (in.) BMR: \_\_\_\_\_ (leave blank unless tested)

### MEDICAL HISTORY

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Heart Trouble       | <input type="checkbox"/> Reason- no exercise    | <input type="checkbox"/> Diabetes                     |
| <input type="checkbox"/> Chest Pains         | <input type="checkbox"/> Age 65+                | <input type="checkbox"/> Family history heart disease |
| <input type="checkbox"/> Faint / dizziness   | <input type="checkbox"/> Diagnosed hypertension | <input type="checkbox"/> Chronic illness/condition    |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> High cholesterol       | <input type="checkbox"/> Recent surgery               |
| <input type="checkbox"/> Bone joint issues   | <input type="checkbox"/> Smoker                 | <input type="checkbox"/> Pregnant                     |

### BODY COMPOSITION GOAL

- Muscle Gain:** Increase in lean muscle mass ONLY
- Maintenance:** Maintain current body composition, increase fitness level ONLY
- Fat Loss:** Reduction in body-fat with light increase in lean muscle mass

### MENU PREFERENCES

(Please answer this with absolute honesty as it is about "preferences" and NOT what you think is most healthy. For example, the media often touts that vegetarian diets are more healthy than other types. This is not necessarily true - especially for athletes and active lifestyle enthusiasts)

- High Carbohydrate:** Vegetarian/Vegan type menu, mostly vegetables, fruits, pastas, rice etc., with smaller portions of meat and dairy products;
- Mixed - Protein / Carbohydrate:** Meat and potato menu, larger meat/dairy servings with substantial carbohydrate, pasta, rice potato servings;
- High Protein:** Carnivore type menu, larger portions of meat fish, poultry and dairy products with smaller portions of carbohydrate, fruit, vegetables, etc.



## ASSESSMENT FORM PAGE 2

### CURRENT ACTIVITY LEVEL

- Start-up:** De-conditioned, just starting exercise program
- Lightly Active:** Light exercise or sports 1-3 days per week
- Active:** Moderate exercise or sports 3-5 days per week
- Very Active:** Hard exercise or sports 6-7 days per week
- Extremely Active:** Hard daily exercise or sports (marathon or contest training)

### MEASUREMENTS

**Weight:** \_\_\_\_\_ **Body-Fat %:** \_\_\_\_\_

#### Optional Measurements (recommended)

<b>Neck:</b> _____	<b>Shoulders:</b> _____	<b>Chest:</b> _____
<b>Biceps:</b> _____	<b>Forearms:</b> _____	<b>Waist:</b> _____
<b>Hips:</b> _____	<b>Thighs:</b> _____	<b>Calves:</b> _____