

CLIENT ASSESSMENT FORM

Name _____ Date of Birth _____

Predicted Max HR _____ Resting HR _____ Resting BP _____

Initial Assessment

Date _____

Height _____ Weight _____

Body Fat (mm) Circumference

Biceps _____ Arm _____
Triceps _____ Forearm _____
Subscapula _____ Waist _____
Suprailiac _____ Ab _____
Ab _____ Hip _____
Chest _____ Thigh _____
Midaxillary _____ Calf _____
Thigh _____ Neck _____
Calf _____

Waist to Hip Ratio: _____
(<.95 Male <.86 Female)

% Body Fat: _____

Fat Mass lbs _____ LBM lbs _____

Reassessment

Date _____

Height _____ Weight _____

Body Fat (mm) Circumference

Biceps _____ Arm _____
Triceps _____ Forearm _____
Subscapula _____ Waist _____
Suprailiac _____ Ab _____
Ab _____ Hip _____
Chest _____ Thigh _____
Midaxillary _____ Calf _____
Thigh _____ Neck _____
Calf _____

Waist to Hip Ratio: _____
(<.95 Male <.86 Female)

% Body Fat: _____

Fat Mass lbs _____ LBM lbs _____

Posture Assessment (Lordosis, Leg Length Discrepancy, Scoliosis, Kyphosis)

Low Back Screening: (Loaded Flexion, Loaded Extension, Unloaded Flexion, Unloaded Extension)

Trunk Stability Test:

Submaximal Test (Optional)

Muscular Strength/ Endurance (Optional)

Flexibility (Optional)