

come step into our zone!



### Client Initial Assessment Worksheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Contact Numbers: (HM) \_\_\_\_\_ and (Cell) \_\_\_\_\_  
Email: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_

Emergency Contact:  
Name: \_\_\_\_\_ Number: \_\_\_\_\_

(If female – Are you lactating or pregnant?  Yes or  No)

**Which of the following statements best describe you (check one):**

- I can eat practically anything I want and I do not gain weight. I find it very hard to gain weight.
- I can lose or gain weight by adjusting my activity level and eating habits.
- I find it difficult to lose weight. I can gain weight easily and have to watch what I eat.

**Please rate the activity level of your profession or what you during the day (excluding exercise):**

- Sedentary  Moderately Active  Active  Very Active

**What are your weight goals (circle one):**

- Weight Loss
  - Maintaining/Improve Eating Habits
  - Weight Gain
- What is your goal weight? \_\_\_\_\_

**To Be Completed By Your Personal Trainer**

<p style="text-align: center;"><b>Physical Assessment Data:</b></p> <p><b>A. Body Weight (lbs.):</b> _____</p> <p><b>B. Body Fat %:</b> _____ <input type="checkbox"/> BIA (Body Fat %) _____</p> <p style="text-align: center;"><b>Metabolic Assessment Data:</b></p> <p><b>A. Resting Metabolic Rate (calories)</b> _____</p>
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<p style="text-align: center;"><b>Fitness Assessment Data:</b></p> <p><b>A. Cardio Endurance:</b> 3 Min. Step Test (bpm) _____</p> <p><b>B. Upper Body Strength:</b> Push Ups (#) _____</p> <p><b>C. Abdominal Strength:</b> 1 Min. Sit ups (#) _____</p> <p><b>D. Lower Body Strength:</b> Squat Test (#) _____</p> <p><b>E. Flexibility</b> Sit &amp; Reach (inches) _____</p>
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