

***CLIENT ASSESSMENT SHEET***

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Body Weight:\_\_\_\_\_\_Height:\_\_\_\_\_\_\_\_(Inches)

Username:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Password:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Phone#)Assign Client to:\_\_\_\_\_\_\_\_\_\_\_

Account & App Expiration Date:\_\_\_\_\_\_\_\_\_\_PLAN: (Circle One) 3M / 6M / 12M CASH / CREDIT / CHECK

C/C#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp:\_\_\_\_\_\_\_\_\_CVC:\_\_\_\_\_\_\_\_

Billing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_

Yes or No: If you are pregnant or lactating? **Number of days that you exercise?\_\_\_\_\_\_Duration:\_\_\_\_\_\_\_**

Circle one of the Body Types that best fits you: **Type 1 / Type 2 / Type 3**

**Type 1:** I can eat anything that I want and not gain weight. I have a hard time gaining weight

**Type 2**: I can loss or gain weight by adjusting my activity levels and eating habits.

**Type 3**: I find it very hard to lose weight. I gain weight very easily and have to watch everything I eat.

Circle one that fits your Job/Professional activity: **Sedentary** / **Moderately Active** / **Active** / **Very Active**

Circle one that fit your personal Health & Fitness Goals: **Weight Loss** / **Maintain** / **Weight Gain**

**Weight Loss:** Designed to decrease Body Fat with minimal loss of LBM

**Maintain:** Designed to maintain current body composition & develop healthy eating habits

**Weight Gain:** Designed to increase LBM with minimal increase in body fat

**Goal Weight:\_\_\_\_\_\_\_Goal Body Fat%:\_\_\_\_\_\_\_Target Calories:\_\_\_\_\_\_\_**

**Authorization:x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_**

**Service:\_\_\_\_\_\_\_+\_\_\_\_\_\_\_+\_\_\_\_\_\_\_+\_\_\_\_\_\_\_Total (plus tax) =$\_\_\_\_\_\_\_\_\_\_\_**

**Circle Meal Plan Style that fits your Lifestyle:**

Healthy Cholesterol / Heart Healthy Living / Low Carb / Mature Women / Weight Loss R2 / Lean & Tone

Wheat Sensitivity / Mass Builder / Paleo / Performance Training / Vegan / Vegetarian / 21 Day Detox

**Please Circle if you currently have any of the following medical conditions:**

Heart Disease / Liver Disease / Pancreatic Disease / Anemia / Kidney Disease / Hypoglycemia Hypertension / Type 1 Diabetes / Type 2 Diabetes / NONE

**Please circle if you have a genetic or family history of any of the following medical conditions:**

Heart Disease / Breast Cancer / Other Cancer / Liver Disease / Stroke / Osteoporosis / Hypoglycemia

Type 1 Diabetes / Type 2 Diabetes / Hypertension / NONE

**Scheduled Body Comp Dates: 1st\_\_\_\_\_\_\_2nd\_\_\_\_\_\_\_3rd\_\_\_\_\_\_\_4th\_\_\_\_\_\_\_5th \_\_\_\_\_\_ 6th \_\_\_\_\_\_**

**Choose Body Comp Method of your Choice:**

**One Site:**

Supraillium\_\_\_\_\_\_mm

**Three Site:**

Chest:\_\_\_\_\_mm Thigh:\_\_\_\_\_\_mm Abs:\_\_\_\_\_\_mm

**Five Site:**

Triceps:\_\_\_\_\_\_mm Thigh:\_\_\_\_\_\_mm Abs:\_\_\_\_\_\_mm Lliac Crest:\_\_\_\_\_\_mm Subscapula:\_\_\_\_\_\_mm

**Girth Test:**

Weight:\_\_\_\_\_\_ Wrist:\_\_\_\_\_\_ Waist:\_\_\_\_\_\_ Forearm:\_\_\_\_\_\_ Hips:\_\_\_\_\_\_

**Circumference:**

Bicep:\_\_\_\_\_\_ Forearm:\_\_\_\_\_\_ Chest:\_\_\_\_\_\_ Shoulders:\_\_\_\_\_\_ Upper Thigh:\_\_\_\_\_\_ Lower Thigh:\_\_\_\_\_

Abdomen:\_\_\_\_\_\_(1” above Belly Button) Waist:\_\_\_\_\_\_(at the Belly Button) Hips:\_\_\_\_\_\_

**How many meals & snacks do you currently eat daily? Meals:\_\_\_\_\_\_ Snacks:\_\_\_\_\_\_**

**How many meals per day could you consistently eat every day? 4 / 5 / 6 (Circle one)**

Write an example of everything you ate and drank yesterday & the times:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your favorite meal of the day?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your least favorite meal of the day?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List 3 of your favorite foods in each category and circle your #1 favorite:**

**3 Favorite Proteins: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3 Favorite Carbs: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3 Favorite Fruits: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3 Favorite Veggies: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3 Favorite Fats: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3 Favorite Cheat Foods: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3 Favorite Salad Dressings: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3 Favorite Healthy Snacks: 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you drink any Protein Shakes? What is the Brand & the flavor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What meal of the day would you like to drink a shake?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Foods that you are allergic to?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*How much water do you need daily\* 128oz = 1 Gallon**

**Formula: LBM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_X .55oz =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H2O Needed Daily)**

**Sample Meal Plan Draft:**

**(Monday) Day 1: Chicken/Broccoli**

**(Tuesday) Day 2: Chicken/Broccoli**

**(Wednesday) Day 3: Turkey/Green Beans**

**(Thursday) Day 4: Turkey/Green Beans**

**(Friday) Day 5: Beef/Asparagus**

**(Saturday) Day 6: Beef/Asparagus**

**(Sunday) Day 7: Beef/Asparagus**