



## Client Assessment Form

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**Name**

**DOB**

**Goals**

**Assessment dates**

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<b>Height</b>				
<b>Weight</b>				
<b>Resting heart rate</b>				
<b>Blood pressure</b>				
<b>Skin fold: Triceps</b>				
<b>Biceps</b>				
<b>Subscapular</b>				
<b>Suprailiac</b>				
<b>Total</b>				
<b>% FAT</b>				
<b>BMI</b>				
<b>Circumfer: Chest/Back</b>				
<b>Waist</b>				
<b>Hips</b>				
<b>Abdomen</b>				
<b>Arms</b>				

**Step Test:**

**Plank Hold:**

**Max Push ups:**

**Max Curl ups:**

**Max Back Extensions:**