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Name: _____ Date: _____

M/ F

Height (Inches): _____ Current Weight (lbs): _____ Lowest Adult Weight: _____ Highest Adult Weight: _____

BMI Score: _____

Weights (lbs) / heights (in^2) x 703)

S.M.A.R.T GOAL(s):

_____

_____

Sections and Questions 1-3 can be completed in session or needs to be completed prior to concluding consultation. Section 4 must be completed during consultation.

1. Physical Activity Readiness Questionnaire (PAR-Q)

	Y	N
Has your doctor ever said that you have a condition and that you should only perform activity recommended by a doctor?		
Do you feel pain in your chest when you perform physical activity?		
In the past month, have you had chest pain when you were not performing any physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
Do you know of any other reason why you should not engage in physical activity?		

If you have answered yes to one or more of the above, consult your physician before engaging in physical activity. Please tell your physician which questions you answered YES to. After medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

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ASSESSMENT AND DATA SHEET

2. General History

Occupational

Occupation:_____

Does it require extending periods of sitting: Y / N

Does it require repetitive movements : Y / N ; (If Yes Please Explain Below)

Does it require wearing shoes with heels or dress shoes: Y / N

Does it require mental stress: Y / N

Recreational

Do you partake in recreational physical activity: Y / N ; (If Yes Please Explain Below)

Do you have any hobbies: Y / N ; (If Yes Please Explain Below)

Medical History

Do you ever have any traumatic (surgeries) injuries or do you have chronic pain: Y / N ; (If Yes Please Explain Below)

Do you have a medical diagnosis of a chronic disease: Y / N ; (If Yes Please Explain Below)

Training History

Have you ever worked with a trainer before? Y / N ; (If Yes Please Explain why you stopped)

3. Intake

Nutrition

Do you track your food: Y / N ; (If Yes Please Explain what you tried)

How do you track your food:

Have you ever worked with a Nutritionist or Dietitian? Y / N

Rank from a scale of 1-10 (1= not very important, 5 = somewhat important, and 10 = very important)

B. How important is it for you to make lifestyle changes such as adjusting your diet?_____

C. How ready are you to make lifestyle changes?____

D. How confident are you that you can make lifestyle changes?____

What lifestyle changes would you be willing to make?

_____

_____

What things might make it hard for you to make lifestyle changes?

_____

_____

Supplements or Medications

(For any supplements or medications please name and list what it is for; Dietary and Restrictions do to Allergies should be listed below as well.) For additional Space add to additional notes at the end.

Name: :_____Reason for Taking:_____

Name: :_____Reason for Taking:_____

Name: :_____Reason for Taking:_____

Dietary Restrictions:_____

Additional Notes:

_____

_____

_____

4. Body Assessment

(Needs to be completed in a session)

Circumference Measurements

Neck: _____

Chest (widest area beneath armpit): _____ Biceps (Flaccid/Flexed): _____

Waist (At Navel): _____ Hips: _____

Thigh: _____ Calves: _____

Waist to Hip Ratio:_____

Heart Rate

Resting Heart Rate (R HR) :____

Estimated Training Zones

Zone 1 (HRmax x 65% to 75%): ____ to____

Zone 2 (HRmax x 80% to 85%): ____ to____

Zone 3 (HRmax x 86% to 90%):____ to____

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ASSESSMENT AND DATA SHEET

Dynamic Postural Assessment

OVERHEAD SQUAT ASSESSEMENT				
VIEW	KINETIC CHECKPOINT	COMPENSATION	POSSIBLE OVERACTIVE MUSCLES	POSSIBLE UNDERACTIVE MUSCLES
Anterior	Foot	Foot Turns out	Soleus Lat. Gastrocnemius Bicep Femoris (short head) Tensor Fascia Latae	Med. Gastrocnemius Med. Hamstring Gluteus Medius/Maximus Gracilis Popliteus
	Knee	Knee Moves Inward	Adductor Complex Bicep Femoris (short head) Tensor Fascia Latae Vastus Lateralis Lat. Gastrocnemius	Med. Gastrocnemius Med. Hamstring Gluteus Medius/Maximus Gracilis Popliteus
		Knee Moves Outward	Piriformis, Biceps Femoris Tensor Fascia Latae Gluteus Minimus/ Medius	Med. Gastrocnemius Med. Hamstring Gluteus Medius/Maximus Gracilis Popliteus
Lateral	L-P-H-C	Excessive Forward Lean	Soleus Gastrocnemius Hip Flexor Complex Abdominal Complex (rectus abdominus, external oblique)	Anterior Tibialis Gluteus Maximus Erector Spinae
		Lower Back Arches	Hip Flexor Complex Erector Spinae Latissimus Dorsi	Gluteus Maximus Hamstrings Intrinsic Core Stabilizers (transverse abdominis, multifidus, internal oblique, transversospinalis, pelvic floor muscles)
		Lower Back Rounds	Hamstrings Adductor Magnus Rectus Abdominus External Obliques	Gluteus Maximus Erector Spinae Intrinsic Core Stabilizers (transverse abdominis, multifidus, internal oblique, pelvic floor muscles, transversospinalis)
	Upper Body	Arms Fall Forward	Latissimus Dorsi Pectoralis Major/ Minor Teres Major Coracobrachialis	Mid/Lower Trapezius Rhomboids Rotator Cuff Posterior Deltoid
		Forward Head (During Pushing or Pulling)	Levator Scapula Sternocleidomastoid Scalenes	Deep Cervical Flexors
		Shoulders Elevation (During Pushing and Pulling Assessment)	Upper Trapezius Sternocleidomastoid Levator Scapulae	Mid/lower Trapezius Rhomboids Rotator Cuff
Posterior	Foot	Foot Flattens	Peroneals Lat. Gastrocnemius Bicep Femoris (short head) Tensor Fascia Latae	Anterior Tibialis Posterior Tibialis Med. Gastrocnemius Gluteus Medius
		Heel Rises	Soleus	Anterior Tibialis
	L-P-H-C	Asymmetrical Weight Shift	Adductor Complex Tensor Fascia Latae (same side) Piriformis Bicep Femoris Gluteus Medius (opposite side)	Gluteus Medius (same side) Adductor Complex (opposite side)

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Additional Notes:

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We hope you enjoyed this free assessment sheet to bring more success and accountability to your client on-boarding process. The Be Exceptional Assessment Sheet will ensure that you stay engaged, focused and attentive while collecting the most amount of data and client history to drive long term commitment and loyalty by offering superior service and a highly personalized approach.

Here's to building your six figure fitness business! See you in the Business Boost program.

In great health,

Robert Palmer

Founder and CEO, Be Exceptional Fitness

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