



Date _____

Package _____



where every *MEAL* is important!

Assessment

Name _____ D.O.B. _____

e-mail _____ @ _____

Height _____ Weight _____ Age _____ BMI _____

Blood Pressure _____ / _____ Resting HR _____

Circumference

Waist _____ Abdomen _____ Hips _____

R. Arm _____ R. Thigh _____

Skin Folds

Male: Chest _____ Abdomen _____ Thigh _____

Female: Tricep _____ Sup. Iliac _____ Thigh _____

Body Composition:

Fat % _____ Fat Weight _____

Lean % _____ Lean Weight _____

Metabolic Rate:

Basal Metabolic Rate _____

Total Energy Expenditure _____

Target Intake _____

Strength Assessment

Weight _____ Reps _____

Chest Press: _____

Quad Extension: _____

