

# CLIENT ASSESSMENT WORKSHEET

USE THIS WORKSHEET AT THE BEGINNING OF A CLIENT ENGAGEMENT

- Name
- Gender  
Male, Female, LGBTQ+
- Current Age
- Date of Birth
- Starting Height (We have a history of people gaining lost height, like Mick Foley)
- Starting Weight
- Current Resting Heart Rate - this should be measured while at a period of rest. Use a heart monitor on the DDPY app to help.
- Current Blood Pressure
- Do you have any injuries?
- Do you suffer from any conditions? (List any medical or other conditions that could affect your exercise or diet)
- Do you take any medications?
- Do you have any allergies?
- Do you drink alcohol? If yes, what is your weekly average consumption?
- Do you take any recreational drugs?
- Do you smoke? How many cigarettes/cigars per day?
- What are your goals?
- Where do you see yourself in the next 3 months?
- What do you struggle with? (ex: counting calories/Exercise/Time)
- What is your current diet?
- On average how many hours do you sleep per night?
- How often are you willing to workout/ What is your day-to-day schedule? (days a week/times per day/time of day)
- Are you willing to try new foods?
- Do you currently do any other form of exercise? (How often, days/times)
- Are you willing to be held accountable?
- Are you willing to try new workouts and different instructors?
- Are you willing to do The List?