Fitness Assessment Form

Client information	
Name: Eleanor Harrison	**Preferred name:** Eleanor
Patient ID: 49382	**Sex:** Female
Preferred pronouns: She/her	**Date of birth:** March 22, 1998
Marital status: Married	
Address: 123 Anywhere St, Green Oak, Boulder, CO, 9482	
Email: example@email.com	
Contact information: 0483 93838	
Emergency contact	
Contact #1	**Contact #2**
Full name: Matthew Harrison	Full name: Lucinda Wright
Relationship: Husband	Relationship: Mother
Contact number: 0392 39303	Contact number: 0399 28374
Medical history	
Current/past medical conditions:	**Current/past physical injuries:**
N/A	Sprained right ankle in 2018
Past surgeries:	**Current/past medications:**
N/A	Ibuprofen and Panadol
Do you smoke, drink alcohol, or take recreational drugs? ◯ Yes ◉ No	If so, please elaborate: N/A

How many hours of sleep do you get each night, on average? 7 hours

Describe your typical daily meals:

Breakfast - scrambled egg on toast

Lunch - chicken, avocado, tomato sandwich on wheat bread, plus an apple or banana

Dinner - varies, but includes pasta or meat/vege/potato variation

What is your current level of stress from 1 (worst) and 10 (best)? 7

What are your sources of stress?

Work and partner

Physical health information

Height: 5'8"	**Weight:** 65 kg
BMI: 22	**Body fat %:** 28%

Do you engage in physical activity?

- ○ Yes, currently with a physical trainer.
- ○ Yes, with a physical trainer in the past, but currently independently.
- ◉ Yes, independently.
- ○ No
- ○ Other:

If so, please elaborate (how often, what type, intensity level, etc.):

I typically go on a 30 minute walk 5 times a week

What are your physical health goals?

- ☐ Weight loss
- ☐ Muscle gain
- ☑ Be physically fit
- ☐ Improvement in sports performance
- ☑ Improve overall health
- ☐ Other:

Fitness evaluation	
Muscular strength:	**Muscular endurance:**
Bench press - 50lb Leg press - 80lb	Squats - 30 Push-ups - 20 Sit-ups - 35
Cardiovascular endurance:	**Flexibility:**
Beep test - stage 9	Sit and reach - 6 inches
Other:	
N/A	
Training preferences	
Please elaborate on your training preferences (training frequency, workout time, favorite exercises, motivation, etc.)	
No preferences since this is my first time.	
All the answers given to the above questions are answered accurately to the best of my knowledge. I understand that any inaccurate information can be dangerous to my health.	
Client's signature: Eleanor	**Date:** December 20, 2024