

CLIENTS NAME: **ASSESSMENT DAY/TIME:**

	START	8 WKS	16 WKS	24 WKS	32 WKS	40 WKS	1 YEAR
Date							
Time							

PERSONAL DETAILS & STATISTICS

Age							
Height (CM)							
Weight (KG)							
BMI (Weight/Height)							
Blood Pressure							
Resting Heart Rate							
Body Fat Type							
Body Fat (%)							
Recommeneded (%)							

LUNG FUNCTION

PEFR (Lung Power)							
FEV1 (Lung Strength)							
FVC (Lung Size)							
FER%							

SKIN FOLDS

Supra-iliac							
Sub-scapular							
Bicep							
Tricep							
Total							

MEASUREMENTS

Neck							
Chest							
Bicep (Left)							
Bicep (Right)							
Waist							
Hips							
Thigh (Left)							
Thigh (Right)							
Calf (Left)							
Calf (Right)							