



Owned by Golden Solutions Education and Wellness, LLC
211 Desmond Street, Sayre, PA 18840
www.fwfwellness.com
fitnesswithfriendsgym@gmail.com

Client Name: _____

Trainer: _____

Date: _____

Resting Pulse: _____

Age: _____

Weight: _____

Height: _____

BMI: _____

Chronic Medical Conditions/injuries (including Substance Use Disorder and/or nutrition deficiency):

If you have had a SUD, what substance?

Have you ever been diagnosed with a mental health condition? If so, please describe.

Medications/Supplements:

Have you ever been diagnosed with a specific nutrient deficiency? If so, please explain:

What do you feel you need to work on?

Are you willing to allow us to coordinate with other members of your health/recovery team?

Yes No

Physician name: _____

Phone/email: _____

Therapist name: _____

Phone/email: _____

Nutritionist name: _____

Phone/email: _____

Fitness Assessments

Overhead Squat Assessment:

- Anterior:

- Lateral:

- Posterior:

Single Leg Squat Assessment (if appropriate):

Push Up Assessment:

Posture Assessment:

Berg Balance Assessment (if needed):

Likely Overactive Muscles	Likely Underactive Muscles

YMCA 3 Minute Step Test (Cardiorespiratory Assessment)

Pulse after 3 min: _____

Pulse after 1 min recovery: _____

Training Zone (Recommended):

Zone 1

Zone 2

Zone 3

Trainer observations: