

Client Name: _____

Address: _____

Phone Number: _____

Email : _____

Age: _____

Height: _____

Weight: _____

Measurements

Date		Date		Date	
Waist		Waist		Waist	
Hips		Hips		Hips	
Under hips		Under hips		Under hips	
Chest		Chest		Chest	
Biceps		Biceps		Biceps	
Thighs		Thighs		Thighs	
Calves		Calves		Calves	
Neck		Neck		Neck	
Shoulder		Shoulder		Shoulder	
Total		Total		Total	
Inches lost		Inches lost		Inches lost	

Pushups assessment

- Knees _____
- Military Style _____

Goal _____

* Measurements to be taken once a month