

PROVIDER TO COMPLETE

PHYSICAL MEASUREMENTS: INITIAL ASSESSMENT



NAME			
DOB			
BLOOD PRESSURE			
RESTING PULSE			
WEIGHT			
GIRTH MEASUREMENTS;			
RIGHT ARM			
LEFT ARM			
CHEST			
WAIST			
HIP			
Upper thigh (right)			
Upper thigh (left)			
Calf (right)			
Calf (left)			
WAIST TO HIP RATIO			
BALANCE TEST Level 1-6			
STARTING WEIGHTS (10 RM)	Leg Press (kgs)	Bench Press (kgs)	Seated Row (kgs)
Chair Rise to Stand (x5):			

DATE: _____
WEEK NO. _____
TEST NO. INITIAL

IMPORTANT, PLEASE NOTE: A Strength for Life™ physical measurements reassessment is to be completed every 12 weeks from initial assessment.

PROVIDER TO COMPLETE

PHYSICAL MEASUREMENTS: REASSESSMENT

Full physical assessment must be completed every six months (24 weeks)
Updates should be made every three months (12 weeks)



NAME			
BLOOD PRESSURE			
RESTING PULSE			
WEIGHT			
WAIST TO HIP RATIO			
BALANCE TEST Level 1-6			
STARTING WEIGHTS	Leg Press (kgs)	Bench Press (kgs)	Seated Row (kgs)
Chair Rise to Stand:			

DATE: _____
WEEK NO. _____
TEST NO. _____

1. Any change in health?

- Yes (please specify) _____
- No (move to next question)

2. Any change or additional medications being taken?

- Yes (please specify) _____
- No (move to next question)

Changes made to individualised exercise program:

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Changes noticed by instructor:

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