

Client Assessment Form

Name: _____	Today's Date: _____
Address (street): _____	Date of last medical checkup: _____
Address (city,zip): _____	Birthdate and Age: _____
Daytime Phone: _____	Gender: _____
Evening Phone: _____	Height: _____
Email Address: _____	Weight: _____
Explain your personal goal(s) and expectations in working with Eve: _____	

Health History

1. Have you been told that you have (check all that apply):

- | | | |
|-----------------------------|---------------------|------------------------|
| _____ Diabetes | _____ Heart Disease | _____ Cancer |
| _____ GI Disorders | _____ Lung Disease | _____ Arthritis |
| _____ High Blood Pressure | _____ Liver Disease | _____ High Cholesterol |
| _____ Hardening of Arteries | _____ Ulcers | _____ Other |

2. Do you have any complaints of the following:

- | | | |
|-------------------------------------|-------------------|----------------|
| _____ Lack of appetite | _____ Diarrhea | _____ Nausea |
| _____ Difficulty chewing/swallowing | _____ Indigestion | _____ Vomiting |
| _____ Constipation | _____ Fever | _____ Other |

3. For Females:

- | | | | |
|-------------------------|-----|----|--------------------------------|
| Are you pregnant? | Yes | No | If Yes, how many months: _____ |
| Is menstruation normal? | Yes | No | If No, explain _____ |

4. Do you smoke? Yes No If Yes, how long: _____

Socioeconomic History

1. Occupation: _____
2. Do you grocery shop? Where? _____
3. How often do you dine out? _____

Drug/Supplement History

1. Do you take medication, either prescribed or over-the-counter?

Name of drug	Reason	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Have you noticed any side effects from taken these medications? _____
If so, please explain: _____

3. Which vitamins and/or supplements do you take? _____
How often? _____ For what reason? _____

Exercise History

1. Are you currently participating in a structured cardiovascular program? _____
2. Are you currently participating in a structured resistance training program? _____
3. How often do you exercise? _____
4. If you answered no to the above questions, when was the last time you participated in an exercise program? _____