

Medical-Fitness Follow-Up Consult

Client: _____ Date: ____/____/____

M F Age: ____ Weight: _____ (____) Why: _____

Weeks since last Assessment: _____ (#____) Scores: ____ / ____ / ____ / ____ = Total: _____

Aerobic Training Log: Frequency: ____ Duration: ____ Intensity: ____

Where/When: _____

Notes: _____

Strength Training Log: Frequency: ____ Duration: ____ Intensity: ____

Where/When: _____

Squats: _____

Leg-Raises: _____

Push-Ups: _____

Inverted Rows: _____

Notes: _____

Nutrition: _____

Sleep: _____

Obstacles: _____

Subjective: _____

Objective: _____

Assessment: _____

Plan: _____

Follow-Up: _____

Med-Fit Tech: _____