

## Wellness Assessment Form

Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Email: \_\_\_\_\_

**What are your Wellness Goals? Indicate in as few words as possible**

Weight Loss \_\_\_\_\_

Weight Gain \_\_\_\_\_

Strength training \_\_\_\_\_

Flexibility \_\_\_\_\_

**Which body part do you want to work on first? Check the order, i.e. a, b, c, d**

1. Chest \_\_\_\_\_
2. Arms \_\_\_\_\_
3. Abs \_\_\_\_\_
4. Legs \_\_\_\_\_
5. Butt \_\_\_\_\_
6. Thighs \_\_\_\_\_

**When do you expect to reach your goals?**

Short Term 3 months or less \_\_\_\_\_

Mid Term 6 months \_\_\_\_\_

Long Term 12 months plus \_\_\_\_\_

**What kind of nutrition plan are you thinking about?**

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**Be sure to take a photo to gauge your progress.**

**Good Luck!!**

*The Wellness Center 2600 The Hague*

*Date:* \_\_\_\_\_