



Wellness System

Name: _____

Date: _____

Fitness Professional: _____

Availability: _____

	At Risk/Danger	Moving	Active	Healthy	Exceptional	Overall Goal:
Strength & Balance	No Strength Training Trouble with Activities of Daily Living	Light Training 2x/ week (ie Circuit or Group Ex Classes)	Strength Training 3x per week	Custom Strength Program 3x per week	Progressive Strength Program Functional/ Power	Goal Date: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
		Goal Date:	Goal Date:	Goal Date:	Goal Date:	
Plan/Notes						
Flexibility	Little or no Regular Stretching	Light Stretching after exercise	Routine Daily Stretching (Improving ROM)	Yoga/Pilates 1-2x per week (Good ROM)	Yoga/Pilates 3x+ per week	Goal Date: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
		Goal Date:	Goal Date:	Goal Date:	Goal Date:	
Plan/Notes						
Endurance (Cardio)	Inactive Little or no Cardiovascular Training	10-20 minutes 2-3 days per week	30 minutes 3-4 days per week	30 minutes 5-6 days per week (Meets AHA guidelines)	More than 30 minutes 5-6 days per week at Higher Intensity	Goal Date: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
		Goal Date:	Goal Date:	Goal Date:	Goal Date:	
Plan/Notes						
Nutrition	Follow No Nutritional Plan, Eats whatever	Understand Nutrition Basics Eliminate or Trade Worst Behaviors	1 Clean Meal per day Improving Nutrient Balance	2 Clean Meals per day Balancing Food Groups	3 Clean Meals per day with Healthy Snacking	Goal Date: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
		Goal Date:	Goal Date:	Goal Date:	Goal Date:	
Plan/Notes						
Social & Recreation	Work & Home Only No Structured Social Activities	Weekly Phone with Friends/Family	In Person 2x per month & Phone Calls	In Person 1x per week & Phone Calls	In Person contacts 2x per week & Phone Calls	Specific <input type="checkbox"/> Measurable <input type="checkbox"/> Achievable <input type="checkbox"/> Relevant <input type="checkbox"/> Timed <input type="checkbox"/>
		Goal Date:	Goal Date:	Goal Date:	Goal Date:	
Plan/Notes						