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## Inventory Details

**Employee:** Dr. Kyle, Sprecher**Date of Birth:** 09/27/1962**Cell Phone:** 281-334-1113**Home E-mail Address:****Work E-mail Address:** dr@nasafitness.com

Exam Date: 12/31/2016

## HEALTH INVENTORY

	Past	Current	Desire Treatment
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arms/Hands pain/numbness/tingling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder blade Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Back Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legs/Feet pain, numbness, or tingling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other complaints	N/A		

## FITNESS INVENTORY

LIFESTYLE HABIT	PROBLEM STATUS	DESIRE BEHAVIOR THERAPY PROGRAM
Nutrition/Eating	No Problem	<input type="checkbox"/>
Exercise/Fitness	No Problem	<input type="checkbox"/>
Weight Management	No Problem	<input type="checkbox"/>
Muscle Flexibility/Strength	No Problem	<input type="checkbox"/>
Stress Management	No Problem	<input type="checkbox"/>
Safe Lifting/Sitting	No Problem	<input type="checkbox"/>
Sleeping Disturbance	No Problem	<input type="checkbox"/>
Addictive Behavior: N/A	No Problem	<input type="checkbox"/>
Other Comments	N/A	

## Fitness Testing

Height (inches)	69
Weight (lbs)	150

Sit and Reach	
#1	
#2	
#3	

Core Strength	
Hip Flexion	
Hip Extension	
L Side Bridge	
R Side Bridge	
1' Curl Ups	
1' Push Ups	

	Grip Left (lbs)	
	Grip Right (lbs)	
	Arm Raise (Pass/Fail)	
	Knee Bend (Pass/Fail)	