



CLIENT PROGRESS CHART

CLIENT NAME _____ PT NAME _____ CLIENT GOAL _____

MEASUREMENTS	FOLLOW UP #1 DATE ____/____/____	FOLLOW UP #2 DATE ____/____/____	FOLLOW UP #3 DATE ____/____/____	FOLLOW UP #4 DATE ____/____/____	FOLLOW UP #5 DATE ____/____/____	FOLLOW UP #6 DATE ____/____/____
HEIGHT						
WEIGHT						
SKINFOLD (All taken on right side of body)						
Chest (M) / Tricep (W)						
Abdominal (M) / Ilium (W)						
Thigh						
BODY FAT %						
CIRCUMFERENCE (Taken on right side of body where applicable)						
Chest						
Upper Arm						
Waist						
Hips						
Mid-Thigh						
SEATED HEART RATE						
OHS OBSERVATIONS						