



Gregory Fisher Coaching

www.gregoryfisher.co.uk

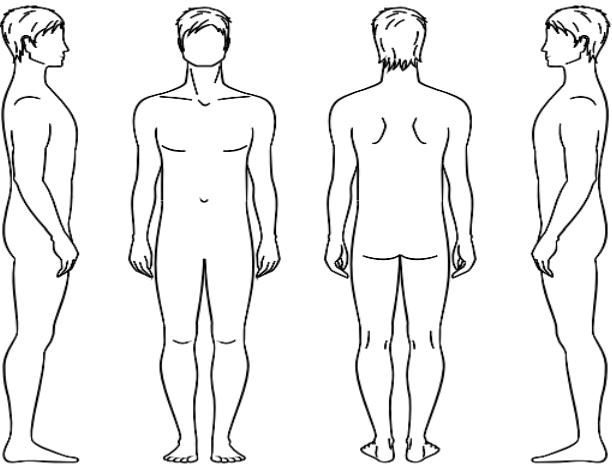
Registered In England And Wales

Registered Company 12541958

Client Physical Assessment Form

Client Details	Client Name:					
	Client Gender:					
	Client Date Of Birth:					
	Client Sport Or Occupation:					
	Client Allergies:					
	GP Name & Address:					
Client Lifestyle Details	Full/Part Time:		Primary Concern:			
	Physical Work Activities:					
			Activity	Most Of Day	Half Of Day	Little Of Day
			Sitting			
			Standing			
	Hobbies / Interests / Activities:		Computer Work			
			Driving			
			Walking / Running			
			Sofa / Watching TV			
			Manual Labour			
	Medical And Subjective History					
Reason For Visit:						
		Client Declaration And Physical Assessment Consent <p>I fully understand that thorough and honest responses to these questions are essential to my safety. I hereby confirm that the information given is accurate to the best of my ability and I undertake to inform my coach/therapist of any changes. I further understand that prior to any treatment a physical assessment needs to be carried out. The procedure has been fully explained to me and I am happy to proceed.</p> <p>Signed: Date:</p>				
Any Contraindications Listed? Yes / No						
Visited GP on the last 6 months? Yes / No						

Postural Assessment

Observations		

Measurements	Age		Fitness Assessment	Strength <i>(Refer To Protocol)</i>		Flexibility <i>(Observe The Form)</i>		
						Needs Improvement	Moderately	With Ease
	Weight (kg)			Exercise	Result			
	Height (cm)			Push-Ups				
	BMI			Squats				
	Body Fat %			Overhead Press				
	Resting Heart Rate			Crunches				
	Blood Pressure			Rowing				
				Broad Jump				
	Forearm	Left Right		Pull Ups				
	Bicep	Left Right		Dead Hang (seconds)				
	Chest			Bench Step Test				
	Waist							
	Abdomen							
	Hips							
	Thigh	Left Right						
	Calf	Left Right						

Cardiovascular Function (Sub Maximal Test):					
Maximum Heart Rate (220-age)		Zone 3: 72-82% (Aerobic)			
Zone 1: 60-65% (Recovery)		Zone 4: 82-89% (Anaerobic)			
Zone 2: 65-70% (Endurance)		Zone 5: 90+% (Speed Anaerobic)			

Foot	Notes:	 L R N N Supinated	 L R N N Pronated	Key: L – Left R – Right N - Notable
Knee	Notes:	 R L N N Knocked knee	 R L N N Bow legs	 R L N N Hyperextended
Hip	Notes:	 L R N N Medial rotation	 L R N N Lateral rotation	
Pelvis	Notes:	 L R N N Lateral tilt	 N Anterior tilt	 N Posterior tilt
LX Spine	Notes:		 N Lordosis	 N Flattened
TX Spine	Notes:	 L R N N Scoliosis	 N Kyphosis	 N Flattened
Shoul/Sca	Notes:	 L R N N Elevated	 L R N N Winged	 L R N N Rounded/protracted
Neck	Notes:	 L R N N Tilt	 N Forward head	 N Flattened
ADL/Functional Tests And Findings				
Single Leg Hop		Hip Hinge		
Lunge				
Wall Squat				
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Range Of Motion Testing

P = Pain Score 1-10, R = ROM Score 1-10, F = Functionally Short, W = Weakness, O = Other.

Spine				Shoulder Joint			
Movement(s)	Active	Passive	Resisted	Movement(s)	Active	Passive	Resisted
Flexion		X	X	Flexion	L R	L R	L R
Extension		X	X	Extension	L R	L R	L R
Lateral Flexion			X	Adduction	L R	L R	L R
Rotation			X	Abduction	L R	L R	L R
				Internal Rotation	L R	L R	L R
				External Rotation	L R	L R	L R
Specialist Spine Tests				Specialist Shoulder Joint Tests			
SLUMP Test				Neer Test		Left	Right
						Left	Right

Hip & Knee Joint				Ankle Joint			
Movement(s)	Active	Passive	Resisted	Movement(s)	Active	Passive	Resisted
Hip Flexion	L R	L R	L R	Dorsiflexion	L R	L R	L R
Hip Extension	L R	L R	L R	Plantarflexion	L R	L R	L R
Hip Adduction	L R	L R	L R	Inversion	L R	L R	L R
Hip Abduction	L R	L R	L R	Eversion	L R	L R	L R
Knee Flexion	L R	L R	L R				
Knee Extension	L R	L R	L R				
Specialist Hip & Knee Joint Tests				Specialist Ankle Joint Tests			
Hip : Ober's Test		Left	Right	Thompson Test		Left	Right
Knee: Anterior Drawer		Left	Right			Left	Right



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Summary Of Findings And Proposed Action Plan

Client Details	Client Name:	
	Client Gender:	
	Client Date Of Birth:	
	Client Sport Or Occupation:	
	Client Allergies:	
	GP Name & Address:	
Session Details	Session Location:	Structural Findings:
	Session Conditions:	
	Session Type: Relax / Rehab / Main / Pre / Post	
	Preferred Touch: Light / Heavy / Deep	
	Pain Score:	
	Pain Location:	
	Pain Description:	Proposed Action:
Session Plan 1 And Consent		
Session Goal:		
Session Techniques /Therapist Actions	Client Home Actions Or Interventions	
	Declaration And Treatment Consent	
	I give my consent for the therapist to continue with the treatment outlined above.	
	Client Signed: Date:	
Any Contraindications Listed? Yes / No	Therapist	
Visited GP on the last 6 months? Yes / No	Signed: Date:	

Session 2	
Session Goal:	Session Date:
Session Location:	Proposed Action:
Session Conditions:	
Session Type: Relax / Rehab / Main / Pre / Post	
Preferred Touch: Light / Heavy / Deep	
Pain Score:	Client Home Actions Or Interventions
Pain Location:	
Pain Description:	
Feedback Form Last Session:	
	Declaration And Treatment Consent I give my consent for the therapist to continue with the treatment outlined above. Client Signed: Date: Therapist Signed: Date:
Any Contraindications Listed? Yes / No	
Visited GP on the last 6 months? Yes / No	

Session 3	
Session Goal:	Session Date:
Session Location:	Proposed Action:
Session Conditions:	
Session Type: Relax / Rehab / Main / Pre / Post	
Preferred Touch: Light / Heavy / Deep	
Pain Score:	Client Home Actions Or Interventions
Pain Location:	
Pain Description:	
Feedback Form Last Session:	
	Declaration And Treatment Consent I give my consent for the therapist to continue with the treatment outlined above. Client Signed: Date: Therapist Signed: Date:
Any Contraindications Listed? Yes / No	
Visited GP on the last 6 months? Yes / No	

Session 4	
Session Goal:	Session Date:
Session Location:	Proposed Action:
Session Conditions:	
Session Type: Relax / Rehab / Main / Pre / Post	
Preferred Touch: Light / Heavy / Deep	
Pain Score:	Client Home Actions Or Interventions
Pain Location:	
Pain Description:	
Feedback Form Last Session:	
	Declaration And Treatment Consent I give my consent for the therapist to continue with the treatment outlined above. Client Signed: Date: Therapist Signed: Date:
Any Contraindications Listed? Yes / No	
Visited GP on the last 6 months? Yes / No	

Session 2	
Session Goal:	Session Date:
Session Location:	Proposed Action:
Session Conditions:	
Session Type: Relax / Rehab / Main / Pre / Post	
Preferred Touch: Light / Heavy / Deep	
Pain Score:	Client Home Actions Or Interventions
Pain Location:	
Pain Description:	
Feedback Form Last Session:	
	Declaration And Treatment Consent I give my consent for the therapist to continue with the treatment outlined above. Client Signed: Date: Therapist Signed: Date:
Any Contraindications Listed? Yes / No	
Visited GP on the last 6 months? Yes / No	

Client Notes

Coach / Therapist: _____

		Client Name
Date	Observation/Notes	