**Ikillweights Client Wellness History & Assessment Form**

Welcome to Ikillweights! This form is designed to help us understand your current health, mindset, and fitness goals. The more detailed your answers, the better we can tailor your program for maximum results!

SECTION 1: MINDSET & GOAL-SETTING

(Answer these with complete honesty—no judgment, only solutions!)

1. What made you decide to sign up with Ikillweights?

☐ Weight Loss

☐ Muscle Gain

☐ Strength & Performance

☐ Improve Overall Health

☐ Build Confidence

☐ Other (Please Specify): \_\_\_\_\_\_\_\_\_\_

2. On a scale of 1-10, how committed are you to your fitness journey?

(1 = “I just want to see what happens,” 10 = “I’m all in, no excuses”)

3. Have you tried to achieve this goal before?

☐ Yes (What worked? What didn’t?)

☐ No (What’s held you back?)

4. What is your #1 obstacle when it comes to reaching your fitness goals?

☐ Time

☐ Motivation

☐ Nutrition Knowledge

☐ Workout Consistency

☐ Accountability

☐ Other (Explain): \_\_\_\_\_\_\_\_\_\_

5. If you could achieve your goal in the next 6 months, how would your life change?

(Describe in detail what success looks and feels like to you.)

6. Do you have a support system?

☐ Yes, I have people who encourage me.

☐ No, I feel like I’m doing this alone.

☐ I don’t know—my environment is mixed.

7. Rate your stress levels on a scale from 1-10 (1 = No stress, 10 = High stress):

8. Do you feel mentally prepared to push through the discomfort of training and discipline?

☐ Yes, I’m ready to go all in.

☐ No, I struggle with staying consistent.

☐ I want to, but I need support to stay on track.

SECTION 2: BODY MEASUREMENTS & HEALTH METRICS

These readings will help us establish a baseline for your health and track progress over time.

1. Body Measurements

• Height: \_\_\_\_\_\_\_\_

• Weight: \_\_\_\_\_\_\_\_

• Waist Circumference (at navel): \_\_\_\_\_\_\_\_

• Hip Circumference: \_\_\_\_\_\_\_\_

2. BMI (Body Mass Index) Assessment

(Measured using BMI Reader – May not fully represent muscular individuals)

| **BMI Range** | **Category** | **Analysis** |
| --- | --- | --- |
| Under 18.5 | Underweight | May indicate malnutrition or need for muscle gain. |
| 18.5 - 24.9 | Normal | Healthy range, focus on body composition. |
| 25 - 29.9 | Overweight | Possible health risks, prioritize fat loss. |
| 30 - 34.9 | Obese (Class 1) | High risk for metabolic disorders, structured plan required. |
| 35 - 39.9 | Obese (Class 2) | Severe health risks, medical consultation recommended. |
| 40+ | Morbidly Obese | Critical health risks, needs immediate intervention. |

3. Body Fat Percentage Assessment

(Measured using Body Fat Percentage Scale – Ideal range varies by goal.)

| **Men’s Range** | **Category** | **Women’s Range** | **Category** |
| --- | --- | --- | --- |
| 3-5% | Essential Fat | 10-13% | Essential Fat |
| 6-13% | Athletic | 14-20% | Athletic |
| 14-17% | Fit | 21-24% | Fit |
| 18-24% | Average | 25-31% | Average |
| 25%+ | High | 32%+ | High |

Interpretation:

• Athletic: Optimal for performance & aesthetics.

• Fit: Healthy range with visible muscle tone.

• Average: Acceptable, but improvement possible.

• High: Increased risk of metabolic disorders; weight loss advised.

4. Oxygen Saturation (SpO2) Levels (Measured via Oxygen Reader)

| **SpO2 %** | **Category** | **Analysis** |
| --- | --- | --- |
| 95-100% | Normal | Lungs are functioning well. |
| 90-94% | Mild Concern | May indicate early respiratory issues. |
| Below 90% | Critical | Seek medical attention immediately. |

5. Blood Pressure Assessment (Measured via Blood Pressure Reader)

| **Systolic (Top #)** | **Diastolic (Bottom #)** | **Category** | **Analysis** |
| --- | --- | --- | --- |
| <120 | <80 | Normal | Maintain a healthy lifestyle. |
| 120-129 | <80 | Elevated | Watch sodium & stress levels. |
| 130-139 | 80-89 | Hypertension Stage 1 | Lifestyle changes needed. |
| 140+ | 90+ | Hypertension Stage 2 | Seek medical advice. |

SECTION 3: LIFESTYLE & NUTRITIONAL HABITS

1. How often do you exercise currently?

☐ Never

☐ 1-2x per week

☐ 3-4x per week

☐ 5+ times per week

2. What type of exercise do you currently do?

☐ Weightlifting

☐ Cardio (Running, Biking, Swimming)

☐ Sports (Basketball, Boxing, etc.)

☐ Yoga/Pilates

☐ Other: \_\_\_\_\_\_\_\_\_\_

3. How many hours of sleep do you get per night?

☐ <4 hours

☐ 4-6 hours

☐ 7-8 hours

☐ 9+ hours

4. How many meals do you eat per day?

☐ 1-2

☐ 3-4

☐ 5-6

5. How much water do you drink daily?

☐ <1 liter

☐ 1-2 liters

☐ 3+ liters

6. Do you take any supplements?

☐ Protein Powder

☐ Multivitamins

☐ Testosterone Boosters

☐ Creatine

☐ Other: \_\_\_\_\_\_\_\_\_\_

7. Do you have any dietary restrictions?

☐ Vegetarian

☐ Vegan

☐ Keto

☐ Other: \_\_\_\_\_\_\_\_\_\_

8. Do you have any existing medical conditions? (Check all that apply.)

☐ Diabetes

☐ High Blood Pressure

☐ Heart Disease

☐ Joint Issues

☐ Other: \_\_\_\_\_\_\_\_\_\_

SECTION 4: PROGRAM RECOMMENDATION

Based on your responses, Ikillweights will provide a tailored fitness, nutrition, and supplement plan.

You May Be a Good Fit for:

☐ Muscle-Building Program (Higher calorie intake, strength-focused)

☐ Fat-Loss Program (Caloric deficit, high-intensity workouts)

☐ Endurance/Conditioning Program (Cardio-focused, balanced nutrition)

☐ Body Recomposition (Build muscle while losing fat)

☐ Medical & Rehabilitation Program (For joint, heart, or respiratory issues)

Final Steps

• Book Your First Training Session: [Schedule Here]

• Choose Your Package: ☐ $320 ☐ $500 ☐ $1200 ☐ Custom Plan

• Follow @Ikillweights on IG & TikTok for Daily Motivation!

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(By signing, you commit to working towards your fitness goals with Ikillweights!)