

ACTIVE METABOLIC ASSESSMENTSM

AMA Notes Sheet

Member Name _____

Assessment Type _____

Assessment Goal _____

Protocol Selected _____

Body Metrics: DOB _____ Height _____ Weight _____ %BF _____ SMM _____

Any medications or supplements taken out of the usual? Y/N

Any medical notes, injuries, or limitations that should be known? Y/N

Stage	Intensity	Start HR	End HR	RPE	Notes
W.U.					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Post Assessment Notes: