

Session 1 – Get To Know The Client

Health Assessment

DOB
Age
Weight
Height
Body Mass Index
Body Fat Percent
Blood Pressure
Finger Stick Glucose

Personal Information

- Marital Status
 - ___ Married
 - ___ Single
 - ___ Divorced
- Number of people living in household
 - ___ # of children (under age 18)
 - ___ # of adults (age 18 or older)

Annual Household Income

Race

Highest Level Of Education Completed

Bed Time

How many hours do you usually sleep at night? _____

Health Conditions

The health educator will ask the client if they have ever been diagnosed with any medical condition. If the client reports having hypertension or diabetes then medications prescribed and dosages will be recorded.

Hypertension

Yes or No
If Yes list medications and dose: _____

Diabetes

Yes or No
If Yes list medications and dose: _____

Physical Activity

During the past 7 days, how many minutes was the client physically active (i.e. brisk walk, heavy housework, mow lawn)?

_____ Minutes

Health Goal

The health educator will ask the client to give an example of where do they see themselves a year from today?

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V. Activity

Directions:

Use the physical activity weekly log to describe the different activities you engage in throughout the week as well as the duration of each activity.



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Weekly Log: Physical Activity



	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Type of Activity							
Total Minutes							
							Weekly Total

