**Health Matters Fitness Data Collection Form**

*Sanilac County Community Mental Health*

Individual Name: Click here to enter text.

Case Number: Click here to enter text.

Start Date: Click here to enter text.

End Date: Click here to enter text.

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| --- | --- | --- |
|  | **START** | **END** |
| **HEIGHT** | Click here to enter text. | Click here to enter text. |
| **WEIGHT** | Click here to enter text. | Click here to enter text. |
| **HEART RATE** | Click here to enter text. | Click here to enter text. |
| **BLOOD PRESSURE** | Click here to enter text. | Click here to enter text. |
| **WAIST CIRCUMFERENCE** | Click here to enter text. | Click here to enter text. |
| **HIP CIRCUMFERENCE** | Click here to enter text. | Click here to enter text. |
| **6 MINUTE WALK TEST** | Click here to enter text. | Click here to enter text. |
| **GET-UP-AND-GO TEST** | Click here to enter text. | Click here to enter text. |
| **WALL PUSH UPS (1 MINUTE)** | Click here to enter text. | Click here to enter text. |
| **BENCH PRESS** | Click here to enter text. | Click here to enter text. |
| **SIT-TO-STAND (1 MINUTE)** | Click here to enter text. | Click here to enter text. |