



**BIOANALOGICS BODY COMPOSITION
DATA ACQUISITION FORM**

Name: _____ Date of Birth: _____

Phone: (H) _____ (W) _____ Fax: _____

Appointment Date: _____ Time: _____

Sex: ___ Height: _____ Weight: _____ email: _____

NUTRITION PLAN

_____ Conditioning (Weight reduction)
_____ Optimization
_____ Weight Gain

WEIGHT TRAINING

Workout Protocol: _____
 __ M __ T __ W __ T __ F __ S __ S

AEROBIC EXERCISE

Choose exercise and add minutes:

	<u>Sun</u>	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>
Walking	___	___	___	___	___	___	___
Jogging	___	___	___	___	___	___	___
Running	___	___	___	___	___	___	___
Swimming	___	___	___	___	___	___	___
Cycling	___	___	___	___	___	___	___
Aerobics	___	___	___	___	___	___	___
Rowing	___	___	___	___	___	___	___
Stair Master	___	___	___	___	___	___	___
Racquetball	___	___	___	___	___	___	___
X-Country skiing	___	___	___	___	___	___	___

ACTIVITIES OF DAILY LIVING

_____ Light Office Work
_____ Moderate (Nurse, Factory Work)
_____ Heavy (Construction, Athlete)

Technician Only:

ID#: _____ Impedance Number: _____

INFORMATION:

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