

# LEI PHYSICAL ASSESSMENT



Date .....

IDNumber.....

Name .....

Date of Birth .....

**BLOOD PRESSURE** (5 mins rest) ..... RA

Time .....	Arm Cuff size:.....	Temp.....
Min	BP	HR/Pulse
0.	Sys_____ /Dia _____	_____
2.	Sys_____ /Dia _____	_____
4	Sys_____ /Dia _____	_____
6	Sys_____ / Dia _____	_____
8	Sys_____ / Dia _____	_____
10	Sys_____ / Dia _____	_____

**ANTHROPOMETRIC** ..... RA

Height \_\_\_\_\_ cm      Weight \_\_\_\_\_ kg

Waist \_\_\_\_\_ cm      \_\_\_\_\_ cm

Hip \_\_\_\_\_ cm      \_\_\_\_\_ cm

Biocromial \_\_\_\_\_ cm      \_\_\_\_\_ cm       Tape Measure       Calipers

ASIS \_\_\_\_\_ cm      \_\_\_\_\_ cm

Wrist      R \_\_\_\_\_ cm      R \_\_\_\_\_ cm      L \_\_\_\_\_ cm      L \_\_\_\_\_ cm

**SKINFOLDS** ..... RA

Triceps \_\_\_\_\_ mm      \_\_\_\_\_ mm      Right Rib ..... mm

Subscapular \_\_\_\_\_ mm      \_\_\_\_\_ mm      ..... mm

Abdominal \_\_\_\_\_ mm      \_\_\_\_\_ mm

Suprailiac \_\_\_\_\_ mm      \_\_\_\_\_ mm

Fibroscan Yes / No	Dexa _____ Yes / No	FFQ No .....	Bar Code .....
Fingers: L2D ____ . ____	L4D ____ . ____	R2D ____ . ____	R4D ____ . ____ RA.....