



The *assessment.*

Twelve to fifteen minutes. Submitted to Dana Kantara (Cellular Health Expert) and Dr. Swet Chaudhari, MD (Chief Medical Officer) for review. They translate what's relevant into a programming brief and pass it to your assigned coach before your first session — so we don't have to ask you twice.

What you write here shapes the first eight weeks of your programming. Be specific. Dana reads cellular-health and lifestyle baselines; Dr. Chaudhari screens medical-relevant items; the coach acts on the brief they hand off. If a question doesn't fit, add the answer in the margin — they all read margins.

MEMBER IDENTIFICATION

FULL NAME		DATE OF BIRTH	MEMBER ID
EMAIL		PHONE	
OCCUPATION + SIT/STAND SPLIT		TRAVEL CADENCE	
EMERGENCY CONTACT (NAME)	PHONE	RELATIONSHIP	

GOALS

Pick the one that matters most to you in the next 90 days. The coach uses this as the lead variable when there's a tradeoff.

- | | | |
|---|---|--|
| <input type="checkbox"/> Pain management / corrective | <input type="checkbox"/> Quality sleep + recovery | <input type="checkbox"/> Anti-aging / energy |
| <input type="checkbox"/> Immune + cellular health | <input type="checkbox"/> Athletic performance | <input type="checkbox"/> Body composition / fat loss |
| <input type="checkbox"/> Strength + capacity | <input type="checkbox"/> Skin + detox | <input type="checkbox"/> Stress + nervous system |

SPECIFIC OUTCOME YOU WANT IN 90 DAYS

SPECIFIC OUTCOME YOU WANT IN 12 MONTHS

TRAINING HISTORY

YEARS TRAINING
CONSISTENTLY

BEST MODALITY / SPORT YOU'VE PRACTICED

WHAT WORKED FOR YOU IN THE PAST?

WHAT DIDN'T WORK, AND WHY?

MEDICAL HISTORY (RELEVANT ONLY)

We are not asking for full medical records. List anything that limits load, range of motion, recovery, or that we should know about before programming intensity.

- | | | |
|---|--|--|
| <input type="checkbox"/> Cardiovascular condition | <input type="checkbox"/> Hypertension (controlled?) | <input type="checkbox"/> Diabetes / insulin resistance |
| <input type="checkbox"/> Thyroid condition | <input type="checkbox"/> Autoimmune | <input type="checkbox"/> Asthma / respiratory |
| <input type="checkbox"/> Pregnancy / postpartum | <input type="checkbox"/> Recent surgery (< 12 mo) | <input type="checkbox"/> Cancer history |
| <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Hormone therapy / IVF / menopause-related | <input type="checkbox"/> None of the above |

INJURY INVENTORY

Acute or chronic. Anything that flares with load. Year of original injury if known.

BODY PART / REGION	MECHANISM / AGGRAVATOR	YEAR
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_____	_____	_____
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_____	_____	_____
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CURRENT MEDICATIONS + SUPPLEMENTS

LIFESTYLE BASELINE

No judgment, just data. The coach reads the trend over weeks, not the snapshot.

Sleep quality (typical week)

poor	2	3	4	5	6	7	8	9	excellent
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Stress (typical week)

low	2	3	4	5	6	7	8	9	high
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Energy on a Tuesday afternoon

flat	2	3	4	5	6	7	8	9	sharp
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Joint comfort (typical morning)

stiff	2	3	4	5	6	7	8	9	free
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HOURS OF SLEEP, AVERAGE

CAFFEINE, DAILY

ALCOHOL, WEEKLY

TOBACCO / NICOTINE

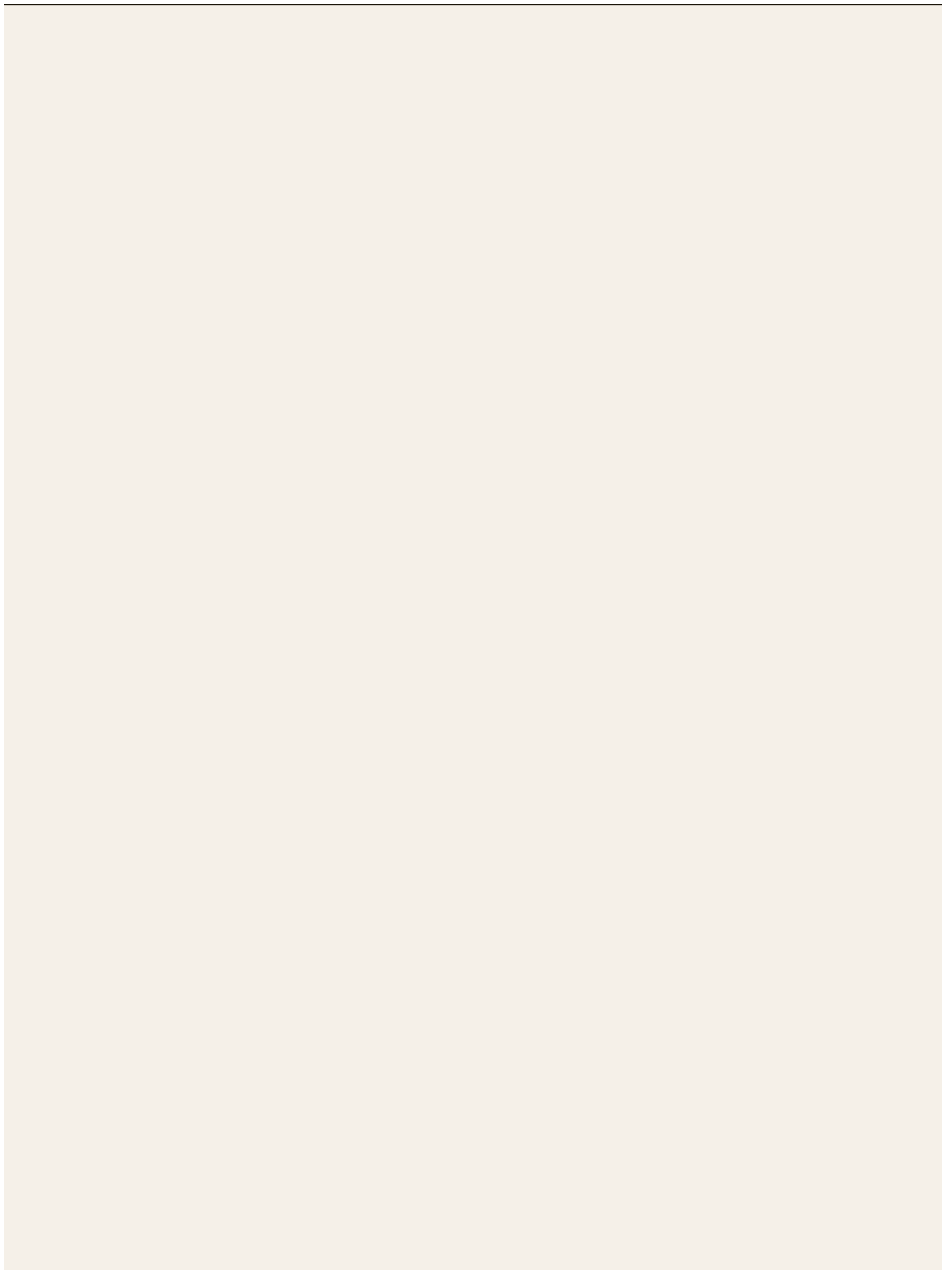
NUTRITION BASELINE

EATING WINDOW (E.G., 11AM-7PM)

MEALS PER DAY

WHAT DOES A TYPICAL BREAKFAST / LUNCH / DINNER LOOK LIKE?

FOODS YOU AVOID (PREFERENCE, ALLERGY, INTOLERANCE)



CADENCE + ACCESS

DAYS PER WEEK AVAILABLE TO TRAIN

PREFERRED TIME BLOCKS (MORNING / LUNCH / EVENING)

PREFERRED COACH (IF ANY)

1-ON-1 VS TEAM UP VS HYBRID

EQUIPMENT ACCESS AT HOME (IF ANY)

RECOVERY MODALITIES YOU WANT TO USE (CRYO, SAUNA, HBOT, RED LIGHT, IV, FLOAT, ETC.)

COMMUNICATION PREFERENCES

- SMS reminders (Atlas) Email follow-ups Phone call before first session
 None — just the calendar invite The Bioneer monthly publication Member-only protocols + drops

WHAT WE SHOULD NOT PUSH YOU ON

Anti-pattern: the trainer who keeps suggesting the thing you've already said no to. Tell us what you don't want recommended again.

WHAT SUCCESS LOOKS LIKE TO YOU, IN YOUR OWN WORDS

CONSENT + SIGNATURE

By signing below, I acknowledge I have completed this assessment to the best of my knowledge and that any health condition or injury that develops during my membership is my responsibility to disclose. I authorize Wellness Elite Fitness to share this assessment with Dana Kantara, MHS (Cellular Health Expert) and Dr. Swet Chaudhari, MD (Chief Medical Officer) for review, and to forward the resulting programming brief to my assigned coach. I understand WEF is a wellness facility, not a medical provider, and that any matter outside the scope of fitness coaching will be referred back to my physician. WEF does not diagnose, treat, or prescribe.

MEMBER SIGNATURE

DATE

REVIEWER SIGNATURE (DANA / DR. CHAUDHARI)

DATE

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