Member Fitness Orientation

Today's Date____/_____/_____ Fitness Professional_____

I. Basic Member Data

Last Name_____ First Name_____ DOB____/____/_____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Day Phone_____ Email_____

Occupation_____ Duration_____

☐ Prolonged sitting or driving ☐ Moderate movement ☐ Heavy lifting ☐ Repetitious bending lifting, or twisting
☐ Wear shoes with a heel ☐ High Stress

Interests/hobbies_____

II. Pre-Exercise Questionnaire

1. What is your primary goal? ☐ Weight loss ☐ Muscle Gain ☐ Sport Performance ☐ Improve health/daily activity
2. Specific desires (lbs. weight loss/gain, sport dynamic, aspect of health, etc...)_____

   _____

   _____
3. Specific reasons (why?, why now?, time frame?)_____

   _____

   _____
4. Past attempts in obtaining goal (formal/informal programs, successes, challenges, money spent)_____

   _____

   _____
5. Goal outcomes (how will you feel when goal is obtained?, emotional/physical benefits?)_____

   _____

   _____
6. Level of commitment in accomplishing the goal? (circle) Low 1 2 3 4 5 6 7 8 9 10 High
7. Support/accountability? (Spouse/significant other)_____
8. How much time do you have budgeted? _____days/week; _____hours/day
9. Estimate how much money you have spent on "bad" habits (fast food, soda, alcohol, smoking, etc.) since you were last in shape. $_____.
   - Are you willing to spend a fraction of that to obtain your goal? Yes / No

III. Exercise/movement Questionnaire

1. Are you currently involved in an exercise program? ☐ Yes ☐ No
2. Are you currently involved in a structured resistance training program? ☐ Yes ☐ No
   - If yes, how long (consistently)? ☐ < 6 months ☐ 6 mo. to 1 yr. ☐ > 1 year
3. Are you currently participating in a structured cardiorespiratory program? ☐ Yes ☐ No
   - If yes, _____days/week, _____minutes per day, using (mode)_____
4. Other physical activities/interests (including frequency)_____

   _____

   _____

IV. Food/nutrition Questionnaire

1. Typically, how many meals do eat per day? (circle one) 1 2 3 4 5 6
2. Typically, what time are these meals?_____
3. Typically, how many calories do you consume per day?_____
4. Do you know how many calories you should be eating to reach/support your goal? ☐ Yes ☐ No
   - If yes, how many and how was this determined?_____
5. Are you currently taking a multivitamin or any other dietary supplements? ☐ Yes ☐ No
   - If yes, what are you taking?_____
   - If no, why not?_____
6. How would you describe your diet? ☐ Regular ☐ Lacto-Ov0 vegetarian ☐ Vegan
7. Typically, how many meals do you eat outside the home per week?_____
   - Would the majority of these meals be described as: ☐ Fast Food (take-away) ☐ Seated Restaurants
8. What is your favorite cuisine? ☐ American ☐ Mexican ☐ Chinese ☐ Japanese ☐ Indian

   ☐ Italian Other_____

Additional Comments:

_____

_____

_____

_____

V. Medical History: Check any and all medical conditions that apply to you from the list below:

- ☐ Heart Disease or Stroke
- ☐ High Blood Pressure
- ☐ Cancer
- ☐ Lung/Pulmonary Disease
- ☐ Kidney Disease
- ☐ Ulcer
- ☐ Gastrointestinal Disease
- ☐ Diagnosed Eating Disorder
- ☐ Breastfeeding
- ☐ Sleep Apnea
- ☐ Arthritis
- ☐ Depression
- ☐ Diabetes Mellitus
- ☐ Food Allergies
- ☐ Neuromuscular Disease
- ☐ Parkinson's Disease
- ☐ Immune System Disease
- ☐ Pregnant/Trying to Conceive
- ☐ Osteoporosis
- ☐ Liver/Gallbladder Disease
- ☐ Pancreatitis or family history of pancreatitis
- ☐ Has a physician recommended high level care for any condition above that applies to you?
- ☐ Have you had any type of weight loss (bariatric) surgery including gastric bypass or stomach stapling?

Physical Activity Readiness Questionnaire (PAR-Q): Check all that apply to you

1. ☐ Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity?
2. ☐ Do you have chest pain brought on by physical activity?
3. ☐ Do you tend to lose consciousness or fall-over as a result of dizziness?
4. ☐ Has a doctor ever recommended medication for your blood pressure or a heart condition?
5. ☐ Do you have a bone or joint problem that could be aggravated by physical activity?
6. ☐ Are you aware, through your own experiences or doctor's advice, of any other physical reason against your exercising without medical supervision?
7. ☐ Are you over the age of 65 and not accustomed to vigorous exercise?
8. ☐ Have you consulted your physician regarding increasing your physical activity and/or performing a fitness assessment?
9. ☐ If you answer NO to question 8, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment?

VI. Beginning Statistics

	Current	Goal	Result	Change
Height				
Weight				
Body Fat %				
Fat Mass				
Lean Body Mass				
Resting Heart Rate				

Circumference	Current	Goal	Result	Change
Neck				
Shoulders				
Chest				
Waist				
Upper Arm				
Forearm				
Hip				
Thigh				
Calf				

Additional Comments:

_____

_____

VII. Integrated Fitness Profile

Warm-up

Treadmill – 5 minutes
Objective – To gather information on dynamic posture

Feet
Flatten Yes No
Turn out Yes No

Knees
Move inward Yes No

Lumbo-Pelvic Hip Complex
Low back arches Yes No

Shoulders
Rounded Yes No

Head
Forward Yes No

Additional Comments:

_____

_____

_____

_____

Total Body Profile

Overhead Squat – 5 repetitions per view: front & side (minimal instruction)
Objective – To observe and document neuromuscular efficiency, integrated functional strength, functional flexibility

Foot & Ankle

Flatten	Yes	No
Turn out	Yes	No

Knees

Move inward	Yes	No

Lumbo-Pelvic-Hip Complex

Low back arches	Yes	No
Forward lean	Yes	No

Shoulders

Arms fall forward	Yes	No

Head

Forward	Yes	No

Single-leg Squat – 5 repetitions per leg

Knee

Moves inward	Yes	No

Additional Comments:

_____

_____

_____

_____

Integrated Strength Assessment – Total Body

Pushing Exercise (i.e., Seated Press, Standing Cable Press) – 1 set, 10-15 repetitions
Objective – To observe and document neuromuscular efficiency of the kinetic chain core stabilization and movement systems.

Lumbo-Pelvic-Hip Complex

Low back arches	Yes	No

Shoulders

Elevate	Yes	No

Head

Forward	Yes	No

Exercise Assessed (determine by ability):

_____

Additional Comments:

_____

_____

_____

Pulling Exercise (i.e., Seated Row, Standing Tubing Row) – 1 set, 10-15 repetitions
Objective – To observe and document neuromuscular efficiency, integrated functional strength and functional flexibility.

Lumbo-Pelvic-Hip Complex

Low back arches	Yes	No

Shoulders

Elevate	Yes	No

Head

Forward	Yes	No

Exercise Assessed (determine by ability):

_____

Additional Comments:

_____

_____

_____

The 4 Pillars of Fitness

The 4 Pillars of Fitness are based on human physiology; the way the body works. The integration of all 4 pillars will allow you to achieve your goal while consuming the most food possible while performing the least amount of exercise. How these pillars are addressed are determined by fitness goal but will largely depend on your lifestyle. Your lifestyle must be able to support the necessary changes comfortably. The desired outcome is not just to arrive at your goal, but to be able to live there!

The 1st Pillar: Food/diet

Diet is the amount and type of food an individual consumes. It provides energy (calories) as well as nutrients (vitamins and minerals). The amount and type of food in one's diet will affect how satisfies someone feels (satiety) and performance. For a weight loss goal, calories must be below maintenance to create a need to use stored energy (body fat). It has been repeatedly demonstrated that successful weight loss (long term) is accomplish with a balanced diet and without being too restrictive (food amount and foods that are palatable/desired).

Calories _____ Protein % _____ Carbohydrate % _____ Fat % _____

The 2nd Pillar: Exercise/movement

Exercise burns calories and provides a myriad of health benefits, but exercise is not just about resistance and cardiorespiratory training. Depending on the goal, these traditional elements are certainly required to perform well (athletics) or to enhance goal attainment. But, just as with the 1st pillar, the amount and type of exercise/movement utilized to obtain the goal must be conducive to the lifestyle; it has to fit...long term.

The more exercise/movement incorporated, the higher the nutrient needs; the solution is to provide the body with calorie-free nutrients.

Exercise Frequency _____ Intensity _____ Time _____ Type _____

The 3rd Pillar: Supplementation

Vitamin and mineral supplementation can satisfy the above-maintenance level of nutrients needed by the body from the addition of exercise/movement without adding calories. Dietary supplementation can create the "ideal environment" to realize optimal health and to hasten results. Supplementation **can** accomplish these goals **if** you are taking products that you can depend on, that consider your medical history, that match how you eat, your age, gender, activity level, fitness level, etc...

Vitamin & Mineral Profile _____ Amount _____

Exercise/Goal Supplementation _____ Amount _____

The 4th Pillar: Coaching/accountability

Individualizing the above three pillars and making the necessary adjustments can allow anyone to reach their fitness goal(s) in a manner that is most realistic as long as the commitment is true. As a complete system, a Fitness Professional can deliver all of the tools, education, and accountability required for an individual to, in time, not just reach their goal but live there...never to look back.

Suggest_____ sessions/week for_____ weeks to begin.