



Nutrition Application

Name: _____ Today's Date: _____

Age: _____ Date of Birth: _____ Male: _____ Female: _____

Address: _____ City: _____ State: _____ Zip : _____

Phone Number: _____ Cell Number : _____

Email: _____

What is the easiest way to contact you? _____

Packages (Please circle package purchased):

Package	Price (Member)	Price (Non-Member)	Description
Consultation*	\$40	\$60	60 minutes, assessment, No meal plan given out
Follow-Up	\$30	\$50	30 minute follow-up from consultation
Consultation + Follow-Up	\$60	\$90	60 minute assessment + 30 minute follow-up
Consultation + 2 Follow-Ups	\$75	\$120	60 minute assessment + 2 30 minute follow-up
Consultation + 3 Follow-Ups	\$100	\$160	60 minute assessment + 3 30 minute follow-Ups
Consultation purchased w/ PT Package	\$30	\$40	Purchased at same time as personal training packages (4, 8 or 12 pack)
Boot Camp consultation Package	\$30		Must be currently enrolled in Boot Camp

**Consultation includes: diet analysis, tips on proper food to be consumed, timing of meals, discussion on ways to reach goals of client.*

***Physician's clearance may be needed depending on client and situation.*

For Office Use Only

Date Application Received:

Client Contacted:

Nutrition Assessment

Height: _____

Current weight: _____

Highest Weight: _____

Lowest weight: _____

Desired Weight: _____

What are you sport and/or health goals: _____

What have you tried in the past to achieve your nutrition and fitness goals? This includes any diet or exercise program, supplement use, books, etc.

Medical Information

Physician: _____ Name of Practice: _____

City: _____ State: _____ Zip code: _____

Are you currently under the care of a physician for health issues?

- Yes (please explain: _____)
 No

Date of last physical exam: _____

Emergency Contact Person: _____ Phone Number: _____

Relationship to You: _____

Allergies - food, medications, environmental (please list):

Your Personal Medical History (check all that apply):

Diabetes (type I) _____ Nausea _____ Vomiting _____
 Diabetes (type II) _____ Diarrhea _____ Constipation _____
 Kidney disease _____ Low zinc levels _____ IBS _____
 Stress fractures _____ Celiac disease _____ Ulcers _____
 Low vitamin B12 levels _____ Low bone density _____ Smoker _____
 Anemia or low iron _____ Diverticulitis _____ Crohns/IBD _____
 Acid reflux or heartburn _____ Thyroid disease _____

Your Personal Diet History (check all that apply):

Do you follow any specific diet or avoid certain foods, if so what _____

List all supplements and medications you are currently taking (including sport or protein supplements), as well as the amounts:

Supplement or Medication (Include brand name, if applicable)	Amount	Reason for taking

Indicate frequency of the following dietary habits:

How many:	Per day	Per week	Per month
Times you eat in fast food or sit-down restaurants . List the places you eat most often: _____ _____ _____			
Cups of milk or fortified soy drink you have?			
Cups of juice you drink?			
Cups of soft drinks you drink?			

Exercise:

Are you currently on an exercise program? Yes or No

If so, what specifically are you doing each day?

Sunday: _____

Monday: _____

Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

Saturday: _____

Are you currently working with a Trainer or Coach? Yes or No, If yes, who?

Nutrition Policies

Rates and Payment

I understand that the rates for nutrition assessments have been predetermined. Discounts will be allowed when buying multiple training sessions **if all sessions are paid for before the initial appointment**. No other discounts will be given for personal training sessions. **Payment for all sessions must be made prior to the session**. Payment may be in the form of cash, check made payable to FCSA, or credit card. **Personal Training sessions are not refundable**, nor transferable, and all sessions will expire three months from the date of purchase.

Initial Consultation

All application materials must be filled out prior to scheduling the initial consultation. Once applications are received, a nutritionist will contact you within **2 business days** to schedule the consultation.

Appointment Expectations

I understand that nutrition sessions are scheduled with my nutritionist at a time that is convenient for both of us. I agree to be fully prepared to start my session at the scheduled time. All dressing and payment should be done before the scheduled start time in order to receive the maximum amount of session time. What occurs during each session is determined with my goals and interests in mind. If something is not up to my expectations, or I have concerns, it is my responsibility to address those concerns with my trainer in a timely fashion so that my program may be adapted accordingly.

Cancellation Policy

All cancellations require 12 hours advanced notice by either party. In the event that 12 hours notice is not given by the client, the client will be charged the full amount of the scheduled session. If it is necessary for the Nutritionist to cancel a session with less than 12 hours notice, the client will receive one free session.

Late Policy

Training sessions begin at their scheduled time. Nutritionist will wait for 15 minutes past the scheduled start time of each session. After 15 minutes, the session will be considered cancelled without notice and the client will be charged full price. Clients arriving late will receive the remainder of their scheduled session at full cost of the originally scheduled session. Session times will not be extended to accommodate late clients. If the Nutritionist arrives late, the client may choose to reschedule a free session or receive the entire scheduled session at full length.

Medical Hold Policy for Pre-Purchased Sessions

If I become medically unable to participate in sessions that have been pre-purchased, it is my responsibility to provide proof in the form of a physician's note to the Freeland SportsZone in order to place those sessions in hold. I will also be responsible for providing physician's clearance

prior to my return. Any sessions placed on hold will have their expiration dates extended for the duration of the medical condition as indicated by the physician's notes.

Grievance Policy

The Freeland Sports Zone is highly committed to the satisfaction and retention of all members. Personal Trainers are not at liberty to alter or waive policies and procedures set by the Freeland Sports Zone. If, for any reason, you are unhappy with the service you have received, or you have any suggestions for improvement, you are encouraged to speak with Danielle Radosa, Lead Personal Trainer, or Rachel King, Business Manager.

Informed Consent

I have answered the above questions to the best of my knowledge. I understand that exercise, with or without a personal trainer, can cause unpredictable body responses. For this reason, I understand that it may be necessary for my physician to provide medical clearance prior to beginning my exercise testing and programming. I also agree to keep my personal trainer, as well as the Freeland SportsZone, informed about any changes in my health and physical condition.

The policies and procedures of personal training at the Freeland SportsZone have been fully explained to me. I have had the opportunity to ask, and have received adequate answers to, any questions I had at this time. I agree to fully comply with all policies and procedures as outlined above.

Client Signature: _____ Date: _____

Trainer Signature: _____ Date: _____

Summary and Follow Up Plan:

Nutrition Diagnosis (PES):

Goals and Interventions:

Monitoring and Evaluation:

Progress Notes:

Date:

Date:

Date:

Date:

