

Welcome

We are honored to have you.

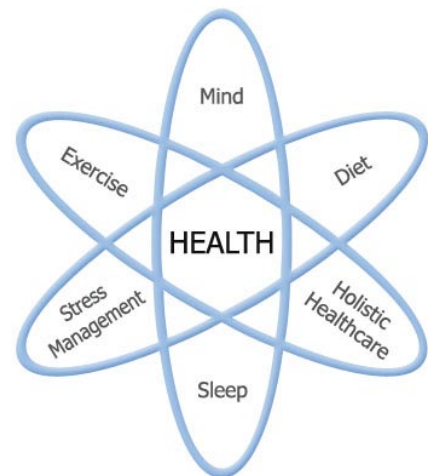
Our mission at Health and Wholeness is:

To understand and address the whole person by providing powerful, compelling knowledge together with the synergy of outstanding wellness services, professional accountability, and lifestyle coaching.

If you're considering entrusting us with your time, money, and effort, we want to be the best stewards of your resources we can be. To do so we begin by trying to develop a thorough understanding of you, your goals, your tendencies, the knowledge you bring to the table, and how much time you can put into your health. So, please take some time to thoughtfully fill out the attached questionnaires.

Synergy

We know there are many factors involved in achieving the health you desire. You can exercise yourself into the ground or radically change your diet and see little change if you do not understand that having vibrant health is about synergy. The drawing to the right is a visual we created to help our clients understand from the beginning that improving your health is about doing a lot of little things right everyday.



The Two Sides of the “Changing Your Lifestyle” Coin

“Heads”

There are almost definitely a lot of lifestyle changes you could make to improve your health, some small, some large, and some more important than others. We see it often in moments of honest reflection, when clients results are taking longer than they would like, that they realize they have (often unconsciously) justify being *less* disciplined with food or other important lifestyle choices...for example: thinking that because they exercise it's OK to “eat this food, drink this drink.” In retrospect, they “kick themselves” for not approaching their health goals more holistically, for not having the foresight to see that they actually *do* need to create more margin in their life, or expand their knowledge, or create more of a plan for regarding their eating habits, sleeping habit, replacing bad habits, adjusting their budget, etc..

“Tails”

Realistically, (especially if you're busy and/or are someone on a tight budget) there are only so many changes you can reasonably implement/afford at once. Often it is personal training or wellness coaching that begins the process of changing one's life and from that other lifestyle modifications follow naturally in their own time (sometimes quickly, sometimes slowly). Trying to get you to change too many things at once can be overwhelming and frustrating. At the end of the day, *you* have to initiate the changes you need, and they can only be done at *your* pace. Because we are in this to get you results we aim to coach you to learn as few things as necessary “the hard way.” So, to set you up for success as best we can, we ask for your help the questions below help us begin to know how to develop a program that will meet you where you are and be sustainable.

Personal Information

Name _____ Date _____

Phone Number _____ Email _____

Address _____

Emergency Contact _____ Phone # _____

Age _____ Date of Birth _____

Tell us about...

1. Your goals (What brought you to us?)
2. Do any of your goals have a timeframe to go with your goals?
3. Are there any particular times you are looking to train (e.g. early morning, evenings, Saturday) or is your schedule pretty flexible?

Help Us Know How to Serve You

Which services are you most interested in?

Food

- Nutrition Consultation
- FREE - Three-Phase Diet Plan– From unhealthy to extraordinarily healthy
- Grocery Store/Farmer's Market Tour
- Pantry/Refrigerator Raid
- Cleanse Program
- Supplement Guidance

Exercise

- Personal Training
- Boot Camps
- Pilates

Wellness Services

- Wellness Coaching
- Acupuncture
- Facial Acupuncture
- Massage
- Muscle Activation Techniques (MAT)
- Ionic Foot Soak
- Infrared Sauna
- Food Sensitivity Testing
- Company Wellness Program
- Education Classes

Exercise Questionnaire

Occupation and Lifestyle

1. What is your current occupation? _____
2. Does your occupation require extended periods of sitting? _____
3. Does your occupation require repetitive movements? _____
4. Does your occupation require you to wear shoes with a heel? _____

Exercise Experience

1. Did you (or do you currently) dance or play any sports?
2. Did you (or do you currently) participate in any active recreational activities?
3. Have you ever done consistent resistance training?
4. Have you ever been on a consistent cardiovascular program?
5. Have you ever worked with a Personal Trainer before?
6. If yes, is there anything you liked or didn't like about your experience with your trainer?
7. Have you ever had the FITTE Principle explained to you?

Physical Activities Readiness

1. Have you been diagnosed with any medical condition that we should be aware of (heart condition, diabetes, cancer, auto-immune disorder, arthritis, etc.)? If yes, please explain.
2. Do you have any joints that bother you or have bothered you in the past (neck, back, shoulders, elbows, wrists, hands, hips, knees, ankles, feet)?
3. Tell us about any accidents, strains, sprains, broken bones, or surgeries you have had, no matter how old you were or how insignificant you might think it was/is.
4. Are you taking any medications? If yes, please list.
5. If you are taking medications has your doctor gone over the nutrient depletions caused by your medications?
6. To help us know if you have any particular expectations about what you would consider a good workout, tell us who/what has been (or is) most influential in your understanding of exercise (e.g. a fitness magazine, military, TV program, Crossfit, a past coach, etc.). NOTE: "I have no idea what a good workout feels like" is a perfectly acceptable answer.

Behavioral/Discipline/Self-Motivation Questionnaire

This section is designed to give you (and us) a realistic look at what it might take to reach your goals. We have worked with people with who have given just about every answer imaginable to the questions below...so, be as honest as you can.

1. How stressful would you say your life and work are? Mention any particular sources of stress.
2. Tell us about how well you sleep (i.e. how long, and do you feel rested when you awake?).
3. The first step toward setting realistic goals (along with establishing your budget) is figuring out how much time you have to put into your health. So, how much time do you have to put into your health daily/weekly? Think broader than just time for exercise.
4. Have there been other times in your life when you sought to make changes similar to those that brought you to us?
5. How effectively would you say you are able to facilitate lasting change in your life? In other words do you tend to attempt change but end up falling back into bad habits?
6. Can you think of any habit(s) you know is/are counterproductive to your goals that you would have a hard time giving up? (Alcohol, sweets, artificial sweeteners, television, gum, etc.)
7. Think of what motivated you to list the goals stated above: What would your life look like if you did not reach those goals? These answers will help us keep you motivated!
8. As best as you can tell, are you someone who is disciplined enough to do appropriately intense, trainer-prescribed, exercise on your own? This is especially important if you have a short timeframe goal that may require more than one workout a day.
9. Is exercise a "necessary evil" or something you could/do get excited about?
10. How much do you believe in your ability to change your body and your life?
11. How determined are you? Are you the kind of person who will keep pursuing an answer (i.e. improvement in your body) even if it takes longer than you expected it would take to find it?
12. Realistically, are you someone who will read books if we ask you to?
13. Are there any people in your life who inspire you to good health, a lot of bad examples of health among the people you interact with regularly, or both?
14. Do you see any of the following as roadblocks to you having success changing your body and your health?
___ Time ___ Money ___ Knowledge ___ Accountability/Determination
___ Crabs (people who tend to bring you down with them)
15. Is there anything else you would like us to know about your situation and/or the way you are wired?

THE LEGAL PAGE

Scope of Work

_____ I understand that Health and Wholeness services are designed to empower me to make better dietary, lifestyle, and exercise choices. I am aware that the Food and Drug administration has stated that *only* a drug administered or surgery performed by a licensed healthcare practitioner can be a means of cure, treatment, prevention, amelioration, or mitigation of any disease condition. According to this strict definition established by the federal government, I fully recognize any health counsel I receive from Health and Wholeness is not intended to be a form of diagnosis, treatment, cure, or prevention of any disease. Furthermore, I understand that my participation in any Health and Wholeness Program is not intended to substitute for the care of any licensed health care professional.

Waiver of Liability

_____ I understand that I have been asked to share with my doctor any and every aspect of my Health and Wholeness training program as it relates to any changes I make regarding my health. I am aware Health and Wholeness asks that I get written permission from a doctor before participating in any of their services. Whether or not I choose to get written permission from a doctor, by signing below I acknowledge that I have been asked to do so. Also by signing below I acknowledge my understanding that all forms of exercise have inherent risks; I accept those risks, and will not hold Health and Wholeness responsible for any injuries resulting from my training. Furthermore, I also assume the risks for any injuries that may arise due to a known or unknown medical condition. I understand that with any health-related lifestyle changes there is the potential for a temporary worsening of my symptoms (or development of new ones) as the body rebalances itself and breaks old cycles. I also know that an absence of present symptoms is no guarantee I will have a normal response to the dietary, lifestyle, or exercise measures I will learn. Since I know this can happen I will not hold Health and Wholeness or any other their coaches liable for any unwanted or adverse health effects I may experience as a result of implementing something I learn in my time at Health and Wholeness.

Freedom of Implementation

_____ I take full and sole responsibility for any decision I make to implement something I learn as a result of my time using Health and Wholeness services. Just like it is ultimately my choice to fill or not fill a prescription given by my doctor, I understand it is also my choice to accept or reject any exercise, health counsel, or continue or discontinue any health measure I may be advised to take. I acknowledge that at any time I am free to end my program with Health and Wholeness.

Refunds, and Finality of Sale

I acknowledge that after paying for any Health and Wholeness services I have 72 hours to request a refund for any services not yet rendered. After that 72-hour period I acknowledge that Health and Wholeness does not offer refunds for services I have purchased. Furthermore, I will not seek to be reimbursed by Health and Wholeness or any of their coaches for any expenses I may have incurred as a result of my coaching.

Expiration Date, Cancellation Policy and Right to Stop Services

_____ I understand Health and Wholeness requires 24-hour notice if I wish to cancel any scheduled appointment, and if I fail to give proper notice it will result in a forfeiture of that session. I also understand any service I purchase carries a 1-year expiration date. I also understand Health and Wholeness reserves the right to stop services if I fail to make payments on time.

Printed name _____

Signature _____

Date: _____

OFFICE USE:

Signature: _____ Date Received: _____