



FRUITA
COLORADO
 PARKS & RECREATION

Nutrition Program Guidelines & Request

FRUITA PARKS AND RECREATION
 324 N. COULSON STREET • FRUITA, CO 81521
 TEL: 970.858.0360 FAX: 970.858.9540 EMAIL: recreation@fruita.org

Client/Nutrition Trainer Guidelines

The guidelines outlined below are to ensure that the responsibility and relationship between the Nutrition Trainer and the Client is clearly appreciated and understood.

Client's Responsibilities

- ◆ Share all health history information and any medical concerns with the trainer.
- ◆ Notify your trainer about medications you are on and any time new medications/diagnoses are given.
- ◆ If at any time during your program, you feel discomfort or lightheaded you must tell your trainer.
- ◆ Reaching your nutrition goals is not always an easy accomplishment. It takes hard work and dedication. Your trainer will ensure correct program development and technique; however, you must provide the commitment to give 100% of your energy and concentration to each session. This combination is to ensure your success!
- ◆ Your payment for the Nutrition Training service must be made prior to your first training session . The trainers are not able to take money from clients so you must pay at the Fruita Community Center during normal operating hours.
- ◆ The time of this session is agreed upon between the client and the trainer. If the client is late, the session will only last until the end of the hour for which that session was scheduled.
- ◆ If a session needs to be canceled for any reason, a 24 hour notice must be given. If prior notification is not given, that session will be forfeited.

Trainers Responsibilities

- ◆ Each session is individually designed to meet your needs and goals and will last a maximum of 60 minutes (unless specified beforehand).
- ◆ The Nutrition trainer will create a program that is safe, effective, and conducive to reaching the goals that have been agreed upon by the client and trainer.
- ◆ If the trainer is late for a session, that time is owed to the client. If the trainer must cancel a session, the session is owed to the client.
- ◆ All information regarding your program and progress is confidential and will remain on file for 3 years following the conclusion of your participation in the program.
- ◆ If you have any feedback regarding your trainer, or questions, please contact the Fruita Community Center Coordinator at 970.858.0360.

I understand and agree to the roles and responsibilities explained above. Facsimile, electronic, typed and counterpart signatures are binding as originals.

Client's Signature: _____ Date: _____

Trainer's Signature: _____ Date: _____

Personal Information

Name: _____ Sex: _____ Age: _____ DOB: _____

Preferred Contact Method: Email Phone Either Height: _____ Weight: _____

Phone: _____ Email: _____

Occupation: _____

Marital Status: _____ Children's Ages: _____

Are you Pregnant? Yes No Due Date: _____

Emergency Contacts

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Health Information

Yes No Are you currently under doctor's care?

Yes No Has a doctor recommended that you do physical activity?

Yes No Has your doctor ever said that you have a heart condition (stroke, heart attack, or heart surgery)?

Yes No Do you feel pain in your chest when you do physical activity?

Yes No Is your doctor currently prescribing medication for your blood pressure or a heart condition?

Yes No Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes No Have you ever been told by a doctor that you have bone, joint, or muscle problems that could be made worse by physical activity?

Yes No Do you have a diagnosed illness that could be made worse by physical activity?

Yes No Do you know of any other reason why you should not do physical activity?

Prescribed Medications: _____

Allergies: _____

Please list any medical issues you are currently being treated for: _____

Weight History

Would you like to be weighed today? Yes No

Height: _____ Current Weight: _____ Desired Body Weight: _____

Highest Adult Weight: _____ When: _____ Weight 1 year ago: _____

Have you had any recent changes in your weight that you are concerned about? Yes No

If yes, please explain: _____

Digestive History

Do you associate any digestive symptoms with eating certain foods? Yes No

If yes, please explain: _____

Diet History

Yes No Are you currently under a dietitian's care?

Yes No Do you follow a special diet (no wheat, keto, no carb, etc.) or have diet restrictions or limitations for any reason (health, cultural, religious, or other) If Yes, please describe: _____

Yes No Do you find cooking difficult? If yes, please describe: _____

Who prepares the majority of your meals? _____

If you do prepare meals, how much time do you spend cooking/preparing meals each day? _____

Who shops for food? _____

What percentage of the foods you eat are: Whole _____% Organic _____% Convenience _____%

Which meals do you eat regularly? Please check all that apply:

Breakfast _____ Lunch _____ Dinner/Supper _____ Snacks (include time) _____

The nutrition/eating habits that are most challenging for me are: _____

The nutrition/eating habits that I am most pleased with are: _____

Beverage Intake

Please indicate the beverages you drink, and how often you drink them. Fill the “Daily Amount”, “Weekly Amount”, and/or “Monthly Amount”

Beverage Type	Daily Amount	Weekly Amount	Monthly Amount
Water: Tap Bottled Flavored			
Coffee: Reg Decaf Latte			
Tea: what type(s)			
Juice: Natural Fruit Drinks			
Soda: Regular Diet Zero			
Milk: Whole 2% 1% Skim			
Milk Alternative Type-			
Alcohol: Wine Beer Liquor Cider Seltzers			
Other-			

Food Intake

Please indicate the frequency that you eat the following by checking the box with the accurate amount.

How often do you eat:	Never	2-3 Times/Month	1Time/Week	2-3 Times/Week	1Time/Day	2-3 Times/Day
Fast food						
Restaurant food						
Vending machine food						
Cafeteria/buffet food						
Frozen meals						
Home-cooked meals						
Leftovers						
Beef (hamburgers, Steak, etc..)						
Pork (chop, loin, ham, bacon, etc..)						
Liver						
Lamb						
Poultry (Chicken, Turkey, etc..)						
Deli meat Type:						
Fish Type:						
Fried Meat						
Meat Alternatives (soy, etc.) Type:						
Beans Type:						
Crackers Type:						
Cookies, Cakes, Muffins						
Whole Grains Type:						
Fresh/raw Vegetables						
Cooked Vegetables						
Fruit, Fresh or Frozen						
Canned Vegetables or Fruit						
Margarine						
Dairy (Milk, yogurt, cheese, butter)						
French Fries						
Artificial Sweeteners Type:						
Meal Replacements Types:						

Physical Activity

Physical Activity: Using the table, please describe your physical activity.

Activity	Type / Intensity (Low-Moderate-High)	# Of Days per Week	Duration (minutes)
Stretching/Yoga			
Cardio/Aerobics (Walking, jogging, biking, etc..)			
Strength-training (Weightlifting, Pilates, some yoga)			
Sports or Leisure			
Other (specify/Describe)			

Does anything limit you from being physically active? _____

Indicate daily stressors and rate the level of stress from 1 (extremely low) to 10 (extremely high):

Work _____ Family _____ Social _____ Financial _____ Health _____ Other _____

What helps you unwind? _____

On average, how many hours of sleep do you get? Weekdays _____ Weekends _____

Do you smoke? Never In the past Currently How long have you been smoking? _____

Alcohol use: Never In the past Currently Type/amt./frequency _____

Drug use: Prefer not to discuss Never In the past Currently Type/Frequency _____

Goals and Readiness Assessment

I would like to visit with the nutritionist today because: _____

My Food and Nutrition related goals are: _____

My overall, health goals are: _____

If I could change three things about my health and nutritional habits, they would be:

1. _____

2. _____

3. _____

The biggest challenge(s) to reaching my nutrition goals is/are: _____

In the past, I have tried the following techniques, diets, behaviors, etc. to reach my nutrition goal: _____

Food Cravings: _____

Food Dislikes: _____

Eating Style: Based on how you eat on a regular basis, please check all that apply:

_____ Fast Eater

_____ Erratic Eater

_____ Emotional eater (stresses, bored, sad, etc.)

_____ Late-Night eater

_____ Time Constraints

_____ Dislike "healthy" food

_____ Travel Frequently

_____ Do not plan meals/menus

_____ Rely on convenience items

_____ Family member(s) have different tastes

_____ Love to eat

_____ Eat too much

_____ Eat because I have to

_____ Negative relationship with food

_____ Struggle with eating issues

_____ Confused about food/nutrition

_____ Frequently eat fast food

_____ Poor Snack choice

The Food/nutrition questions that I would like to ask are:

Nutrition Program Waiver of Liability & Assumption of Risk

I, _____, have enrolled in the personalized Nutrition Program offered through the Fruita Community Center (the "Program"). I recognize that the Program involves advice and direction regarding meal planning and supplements, and that I should consult with my doctor if I have any questions. I hereby confirm that I am in good health and free from any known disability or condition, including food allergies, that would prevent or limit my participation in the Program. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by the Fruita Community Center.

In consideration of my participation in the Program, I, _____, hereby agree to waive any and all claims, demands, and causes of action against, and to hold harmless, release, indemnify, and agree not to sue, the Fruita Community Center, its contractors, vendors, agents, volunteers, or representatives of any kind (the "Released Parties") that I have or that could be asserted on my behalf in connection with my voluntary enrollment and participation in the Program.

I, _____, expressly assume any and all dangers and risks of injury arising from or relating to my participation in the Program, and waive and release any and all liability and/or claims for injury or death that I may sustain from self-exercise and participation in the Program, including but not limited to the acts, omissions, representations, carelessness, and negligence of the Released Parties.

RECOGNIZING THE DANGERS AND RISKS, I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Facsimile, electronic, typed, and counterpart signatures are binding as originals.

Participant Signature

Date