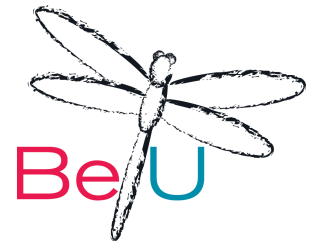


Personalized Wellness Retreat Forms



Please complete and email your form prior to your Personalized Wellness Retreat.

All information received on this form will be treated as strictly confidential. Please fill out the forms ***completely and accurately.*** This information is essential to helping Amie Loga develop a Personalized Wellness Retreat that addresses your needs, goals and interests.

Name: _____ Date of Birth ____/____/____

Age: _____

Address: _____

Phone: _____(h) _____(c)

Email address: _____

School: _____

Grade: _____

Emergency Contact: _____ Relationship: _____

_____ Phone Number: _____

Please provide 48 hours notice if you need to cancel or reschedule your Personalized Wellness Retreat.

PAR-Q FORM

Please mark YES or No to the following: YES NO

- 1. Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? _____
- 2. Do you frequently have pains in your chest when you perform physical activity? _____
- 3. Have you had chest pain when you were not doing physical activity? _____
- 4. Do you lose your balance due to dizziness or do you ever lose consciousness? _____
- 5. Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? _____

Have you had a recent surgery? _____ If you have marked YES to the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No What is the medication for?

How does this medication affect your ability to exercise or achieve your fitness goals?

Lifestyle Related Questions:

1) How many hours do you regularly sleep at night? _____

2) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? _____

3) List your 3 biggest sources of stress:

a. _____ b. _____

c. _____

4) How do you currently deal with stress?

5) How many hours a day are you on your cell phone? (social media, snap chat, etc) _____

6) Are you experiencing any body aches, pains or symptoms? YES
NO

If yes, please specify:

7) How often do you experience these issues?

8) Do you suffer from headaches or migraines? YES NO

Fitness and Health History:

1) Have you been exercising consistently for the past 3 months? YES
NO

2) Do you want to get into shape? _____

3) How important is it to be in good health? _____

4) What has prevented you in the past from achieving your fitness and health goals?

On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? _____

5) If your participation is lower than you would like it to be, what are the reasons?

Lack of Interest Illness Injury Lack of Time

Other _____

6) What do you currently do to stay healthy?

7) Have you ever participated in the following activities:

Meditation Yoga Resistance training

8) What activities are you presently involved in?

Injury Status:

1) Are you experiencing any pain from acute or chronic injuries?

2) What injuries do you have:

1. _____

2. _____

3. _____

4. _____

3) What injuries have you had in the past?

Nutrition History:

1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? _____

2) How many times a day do you usually eat (including snacks)? ____

3) Do you skip meals? _____

4) Do you eat breakfast? _____

5) Do you eat late at night? Sometimes Often Never

6) What activities do you engage in while eating? (TV, reading etc)

7) How many glasses of water do you consume daily?

8) Do you feel drops in your energy levels throughout the day? _____
If yes, when? _____

9) Do you know how many calories you eat per day? _____ If yes, how many? _____

10) Are you currently or have you ever taken a multivitamin or any other food supplements? _____ If yes, please list the supplements:

11) At school, do you usually: Eat out Bring food

12) How many times per week do you eat out? _____

13) Do your parents grocery shop? _____

14) Do you do your own cooking? _____

15) Besides hunger, what other reason(s) do you eat?

Boredom Social Stressed Tired Depressed Happy Nervous

16) Do you eat past the point of fullness? Often Sometimes Never

17) Do you eat foods high in fat and sugar? Often Sometimes Never

18) List 3 areas of your Nutrition you would like to improve:

a. _____ b. _____

c. _____

19) Would you like to learn how to cook and make healthy recipes during your stay at the retreat? YES NO

If yes, is there anything specific you would like to learn?

20) Do you have any food allergies or foods that you dislike?

Personalized Wellness Retreat Information Request:

1) Which retreat are you interested in? 1 day 2 overnight stays
3 overnight stays (**must be 18 yrs old or older)

2) Which dates are you looking to attend your retreat?

3) Do you have any concerns or special requests during your stay?

4) I have a friendly dog that lives with me. Are you ok with her being in my home during your stay?

5) What would you like to get out of your stay at the Wellness Retreat?

6) How can I help you as a Life Coach and Personal Trainer?

7) If you had to choose, which would be your favourite sound:

Ocean Brook Summer Night White noise Thunder & Rain

8) Are you allergic or sensitive to any smells or fragrances?

9) Please add any comments or information below that you would like to add to this form:

Thank you in advance for being interested in joining me on a Wellness experience you will always remember! I look forward to working with you during your stay!

Namaste,

Amie Loga

Personalized Wellness Retreat Hostess

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Amie Loga



<http://www.amieloga.ca>