



## Application Form for Return Clients

Please complete the application in full. A member of the DFC Admissions team will review your application and contact you with confirmation. If you do not receive confirmation in the mail or by email within two business days, please call our reservation staff at 1-800-235-3853 to verify receipt of your application and acceptance into the program.

### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_  cell  work  pager

E-Mail: \_\_\_\_\_

Preferred means of contact: \_\_\_\_\_

### Reservation Information

What is your preferred start date of this visit? \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

How many weeks do you intend to stay? \_\_\_\_\_

*Please note that return program weeks begin on Mondays, however, Sunday dinner is included in your program fee.*

### Lodging

It is very helpful for us to know where our clients are staying while they are enrolled in the DFC program. Please indicate where you have made lodging arrangements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Do you have any symptoms suggesting possible heart or lung disease (for instance, chest, neck, jaw or arm pain with exertion, shortness of breath, light headedness or fainting, irregular heartbeat)?

Yes  No

If yes, please explain: \_\_\_\_\_

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Have you had any major medical events since you were last here? (For instance: new diagnosis of significant health problems, hospitalization, surgery, serious injury, emergency visit, change in medications)

Yes  No

If yes, please explain: \_\_\_\_\_

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Have you sought or engaged in psychological treatment or counseling since you were last here, or has this been recommended to you by a health care professional?

Yes  No

Has any 'psychological' medication been prescribed for you since your last visit?

Yes  No

If yes, in response to either question, please explain:

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Do you have any muscle, joint, or other symptoms which may interfere significantly with your physical activity or ability to exercise?

Yes  No

If yes, please explain: \_\_\_\_\_

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Do you require supplemental oxygen during daytime activities?  Yes  No

Any recent falls or balance problems?  Yes  No

If yes, please explain: \_\_\_\_\_

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Do you need assistance getting into or out of chairs, moving room to room, or using the bathroom?

Yes  No

If yes, please explain: \_\_\_\_\_

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Have you been using tobacco products regularly within the past year (daily use of cigarettes, cigars, pipe, or chewing tobacco)?  Yes  No

Do you have elevated blood pressure (BP > 140 systolic, or >90 diastolic **OR** are you on medication for high blood pressure)?  Yes  No  Unsure

Do you have abnormal cholesterol (total cholesterol > 240, or LDL cholesterol > 160) **OR** are you on medications for high cholesterol?  Yes  No  Unsure

Have either of your parents or a sibling (brother/sister) had blood vessel disease (heart attack, coronary artery bypass surgery, angioplasty, stent aortic aneurysm, peripheral artery disease, stroke, transient ischemic attack, or TIAs) at a young age (for example, father or brother before age 55, mother or sister before age 65)?  Yes  No  Unsure

Do you have diabetes?  Yes  No  Unsure

If yes, is your diabetes well controlled?  Yes  No  Unsure

If yes, what medication are you on for your diabetes? \_\_\_\_\_

If yes, are you, or have you recently been experiencing pain problems requiring the use of strong (narcotic/opioid) pain medications?  Yes  No

If yes, please explain & list medications: \_\_\_\_\_

Have you had an ETT (exercise tolerance test), treadmill test, or stress test within the last 12 months?

Yes  No

Have you had other tests of heart function?

Yes  No

If yes, please explain: \_\_\_\_\_

**If so, please fax results to the DFC medical clinic at (919) 688-8022 as far in advance of your visit as possible, and bring a copy with you to the DFC.**

If not addressed above, please describe any significant changes to your physical or mental/emotional health since your last visit to the DFC: \_\_\_\_\_

**Please be advised that a change in your medical status or failure to produce reports of outside evaluations when needed, may delay your exercise at the DFC. There may be circumstances in which the DFC medical staff may judge it appropriate to require exercise tolerance testing or cardiology consultation before allowing exercise participation. The DFC medical staff has final authority in decisions regarding exercise clearance.**

## Dietary Information

Please check any of the following dietary needs, indicate the extent to which you adhere to these dietary guidelines and what foods you are not able to eat.

- Vegetarian (avoid some animal products): \_\_\_\_\_
- Vegan (avoid all animal products): \_\_\_\_\_
- Kosher: \_\_\_\_\_
- Food Allergies: \_\_\_\_\_
- Other special dietary needs: \_\_\_\_\_

Fax your application to 1-919-684-8246 or mail to us at:

**Duke Diet & Fitness Center**

**Attn: Admissions Office**

**804 W Trinity Ave**

**Durham NC 27701**

You may also contact us for more information by e-mail at [dfcinfo@mc.duke.edu](mailto:dfcinfo@mc.duke.edu) or call us at **1-800-235-3853**.

## Lifestyle Coaching - Personal Coaching

**Your Diet & Fitness Center experience doesn't have to end when you return home.** The personal coaching program offers trained therapists to provide additional support for your lifestyle change program at home. Encouragement, accountability and support are key elements of this coaching model. With its focus on monitoring, exercise, and behavioral strategies, this program will help you make lasting changes for long-term success. You will receive a 20-minute telephone call every other week, as well as email support for the duration of your coaching program.

***NEW 3-Month option just \$295***

***6-Month package \$535***

(Program fees are non-refundable)

Would you like to take part in the program?     Yes             No

Which option would you like?                     3 Mos             6 Mos