



# New Participant Confirmation Packet

Please review and complete the following forms, and bring with you on arrival.



1. Behavioral Health Screening Form
  2. Medical Questionnaire-*(\*All 13 pages must be completed prior to your medical appointment, which will be scheduled on your first Monday).*
  3. Insurance Card (in the event that you would need referral to a specialist)
  4. Credit Card Authorization Form
  5. Personal Food Record
  6. Patient Notice in Advance of Services Rendered
- ... and don't forget your Medical Records

We've also provided an Authorization for Release of Medical Information for you to give to your doctor(s), if needed.

**If you have any questions while filling out these forms, please call the DFC Reservations and Information office at (800) 235-3853.**

**NOTE: If you do not bring the above information completed with your medical records (when these records are available), and a copy of your insurance card, a delay in your schedule or exercise could occur.**

**Fragrance Free Policy: As a courtesy to clients who suffer from respiratory problems and allergies to fragrances, we request that all clients refrain from wearing scented products (such as perfumes, colognes, aftershave) while at the DFC.**



## POLICY ON EXERCISE TOLERANCE TESTING FOR DFC PATIENTS

Exercise tolerance testing may be helpful to identify individuals at increased risk for adverse events during exercise training. The following individuals will be required to have an Exercise Tolerance Test ("ETT," commonly known as a "treadmill test" although it can also be performed on a bicycle, or using other modalities) as a condition for participation in the exercise program of the Duke Diet and Fitness Center.

For patients with uninterpretable EKG tracings that preclude adequate ETT testing, nuclear perfusion or stress echocardiography may be required.

1. Those new or return clients with known or suspected heart disease based on medical history, symptoms (such as chest pain), physical exam, or EKG findings, will be required to present a complete report of a RECENT ETT (generally, within the past 12 months, but more recently if appropriate, based on the medical history).
2. Other **NEW** clients will be required to have an ETT within 12 months prior to admission, if they meet **EITHER criterion "a" or criterion "b" below**:  
Other **RETURN** clients will be required to have an ETT within 24 months prior to admission, if they meet **EITHER criterion "a" or criterion "b" below**:
  - a) They have diabetes, **OR**
  - b) They are a man older than age 45, or a woman older than age 55 **AND** have **1 or more** of the following risk factors for heart disease:
    - Regular tobacco use within the past year (daily use of cigarettes, cigars, pipe, or chewing tobacco)
    - Elevated blood pressure (BP > 140 systolic, or > 90 diastolic **OR** on medication for high blood pressure)
    - Abnormal cholesterol (total cholesterol > 200, or LDL cholesterol > 160) **OR** on medications for high cholesterol
    - A history within their immediate family of early heart disease (father or a brother who has had a heart attack or sudden cardiac death before age 55, or mother or a sister who has had this before age 65)**

Note that these are **guidelines**. There may be other circumstances in which the DFC medical staff may judge it appropriate to require exercise tolerance testing before allowing exercise participation (for instance, a patient who does not quite meet the age criteria above, but has an unusual number or severity of heart disease risk factors may be required to undergo testing). The DFC medical staff has final authority in exercise clearance decisions.

*(ETT policy continued on next page)*



## POLICY ON EXERCISE TOLERANCE TESTING FOR DFC PATIENTS

Clients who appear to meet the risk criteria listed above, may wish to obtain an ETT on the order of their personal physician, PRIOR TO attending the DFC. If this is done clients MUST bring their complete, interpreted test results with them so that the DFC medical staff may review these at the initial medical assessment – alternatively test results may be faxed to the attention of DFC Medical Clinic, at 919-688-8022. The patient's physician should address any abnormal or indeterminate test results, with further evaluation as appropriate.

**Obtaining the test at home and bringing the report will minimize delays in beginning exercise at the DFC. Such testing is usually covered by health insurance.**

If clients need an ETT and do not bring test results with them, testing can be arranged through the DFC. This test will be performed at a Duke Cardiology office and is usually obtained on the Monday beginning the first week on the DFC program, but depending on test results, initiation of an exercise program may be delayed. Please bring your health insurance card, since the cardiology office will file for insurance reimbursement. However, any balance due will be the patient's responsibility.

*(ETT Policy New Clients 09/2011)*



## General Policy Information

### **DFC Discharge Policy Statement**

In order to maintain continuity of clinical treatment and established treatment standards, we require all clients to notify us regarding their planned discharge date.

If there is a change in your planned discharge date after admission to our program, we request that you contact our Client Relations Representative, Dina Lumia ([dina.lumia@duke.edu](mailto:dina.lumia@duke.edu)) at 919-684-9746, or Accounting Representative, Bobby Cale ([cale001@mc.duke.edu](mailto:cale001@mc.duke.edu)) at 919-684-9786 as soon as possible. In the event of an emergency that occurs outside our normal business hours 8-5pm (Monday – Friday), you may also contact the front desk at 919-688-3079 (press 2).

### **Cancellation, Postponement and No-Show Policy**

A \$500 deposit is required (by check, money order or credit card) at the time you make your reservation. You may cancel your reservation at any time prior to your expected date of arrival. If you need to cancel your reservation please call during business hours.

If you cancel your reservation prior to 2 weeks before your scheduled arrival you will receive a \$400 refund. If you cancel your reservation fourteen days or less prior to your scheduled arrival you will receive a \$250 refund.

In the event that you postpone your stay to another week, you will not forfeit any of your deposit.

If you do not cancel your reservation and do not arrive on your scheduled arrival date, we will keep the entire deposit. If you call at a later date to reschedule your reservation, a full deposit will be required.

Because we accept a limited number of reservations each week, we ask your assistance in informing us of cancellations as early as possible. This will allow us to offer your space to someone else.

Thank you for your cooperation.



## **CLIENT/GUEST CODE OF CONDUCT AND PARTICIPATION**

The staff of the Duke Diet and Fitness Center is committed to providing high quality patient care and a therapeutic environment to support an effective program for all clients. Clients are expected to engage in all aspects of the program to reinforce their long-term lifestyle change efforts. Clients are also expected to conduct themselves in an appropriate manner at all times. The following standards apply to all clients and guests during their program stay.

1. Clients are expected to follow program goals and exhibit full participation in program activities. Participation in the program is defined as attendance at meals (breakfast, lunch, and dinner), the majority of classes, individual consultations, and weekly medical check-in visits.
2. Clients are encouraged to respect the program goals of other participants by not encouraging activities contrary to program standards.
3. Clients must conduct themselves in an appropriate manner while in a program or within any facility on the DCL/DFC campus. Clients are expected to be respectful of other participants and staff.
4. Children under 15 years of age are not permitted in the gym or pool areas and must be supervised at all times while they are in the building.
5. Clients may not use profane, abusive or loud/boisterous language while on the premises or engage in any action, which may be discourteous or harmful to others.
6. Clients are required to interact appropriately with other clients, staff, guests, vendors and others while on the premises. Their behavior should in no way violate another person's sense of privacy or dignity.
7. Clients may not make threats, fight, or engage in any inappropriate or unwanted physical contact with another person while on the premises.
8. Clients suspected to be under the influence of alcohol or illegal drugs will not be allowed admission into any of the facilities. Clients suspected of drug or alcohol abuse risk possible termination from the program. Please see DFC Drug and Alcohol Policy.
9. Clients are expected to maintain confidentiality regarding any other client's program participation. Note that permission must be obtained before taking pictures of any client.

Upon your arrival, you will be asked to sign an agreement which includes the above policy.



## Packing For Your Trip!

### When packing, remember to bring:

- the forms from this packet and your medical records
- any current medical prescriptions (the actual bottles)  
**PLEASE BRING YOUR PRESCRIPTION BOTTLES TO YOUR FIRST CLINIC VISIT**
- Lock** (Combination or Key) for your gym locker
- a notebook and pens to take notes during lectures (you may bring a tape recorder if you'd like to record a lecture)
- exercise clothing, walking/running shoes, and socks
- a swimsuit (required in whirlpool, sauna and steam room)
- pool shoes** ( required in spa areas and locker rooms) and, if desired, goggles
- casual clothes
- light jacket, sweater, or sweatshirt (meeting rooms can be cool)
- a watch
- a calculator to count daily calories
- a portable CD player or Ipod, if preferred
- Sun block
- OPTIONAL - Duffle bag with wheels (*if mobility is limited*)



Dress around the DFC is generally very casual. Occasionally, special events are planned at which you are encouraged to “dress up.” Most people choose to wear exercise or other very comfortable clothing during the day and for dinner as well.

The DFC is approximately a 15 minute drive to several shopping malls, which include sporting goods and clothing stores for all sizes. If there is anything you forget to bring, it will be easy to find in Durham.

If you expect to need prescription refills while at the DFC, Gurley's Pharmacy delivers to the Center. Please call them at (919) 688-1368, or fax prescriptions to (919) 682-3191.

If you expect packages, mails, or faxes during your stay, please inform the sender to mail or FedEx to:

**Duke Diet & Fitness Center**  
**Attention: Your Name**  
**501 Douglas Street**  
**Durham, NC 27705-3888**

*Front Desk Fax:*

(919) 684-6176

*Front Desk Phone*

(919) 688-3079 (*required for FedEx*)



## Directions to the DFC Campus 501 Douglas St, Durham, NC 27705

*(for further information, call (919) 688-3079, then “2” for the Front Desk Operator)*

### ***From the Northeast or West areas:***

• From the Northeast corridor, take **I-95** to Petersburg, Virginia. Exit to **I-85** South.

1. **Take I-85 South to Exit 174B (Hillandale Rd). Make left at light onto Hillandale Rd.**
2. **Go through seven traffic lights, go under Highway 147 overpass, and end at Erwin Road. Make right onto Erwin Rd. At first traffic light make right onto Douglas Street. The DFC is behind the parking deck on your right.**

• From the West, take **I-85** to Greensboro, NC. Continue on **I-85** North.

1. Take **I-85** to **Exit 174B** (Hillandale Rd.). Make right onto Hillandale Rd.
2. Follow step 2 above.

### ***From the Sun Coast and Southeast, or from RDU Airport:***

• From Florida or the Southeast, take **I-95** to Benson, NC, and exit onto **I-40** West.

• RDU: Follow airport exit signs to **I-40** West toward Durham and Research Triangle Park.

1. Follow **I-40** approximately 6 miles from RDU to the Research Triangle Park area, **Exit 279B**, Durham Downtown and merge onto **Route 147**, the Durham Freeway.
2. Follow **Route 147** for **approximately 12** miles to **Exit 15B**, Hillandale Rd/Fulton St. Make left onto Hillandale Rd.
3. Follow Hillandale to the end, which is Erwin Rd. Make right onto Erwin Rd. At the next traffic light, make a right onto Douglas Street. The DFC is behind the parking deck on your right.

### ***From Chapel Hill/Sanford/Pittsboro:***

1. Take 15-501 North to exit 107 (Duke University West Campus/751). Make right off the exit ramp onto Cameron Blvd. At the first traffic light make a left onto Erwin Rd. At third traffic light turn LEFT onto Douglas St. The DFC is behind the parking deck on your right.

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***(\*) Due to frequent road construction, please confirm above directions by calling 1-877-511-4667. This will provide you with local traffic and road construction information.***



## Patient Notice in Advance of Services Rendered

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Obesity Treatment

The Duke Diet & Fitness Center is an obesity treatment program. Obesity treatment is considered outside the scope of what most insurance providers consider traditional levels of medical services, and may not be covered by insurance. Payment-in-full is expected at the time of your visit.

### Additional Tests and Consults

Your Diet & Fitness Center Physician may recommend additional tests or consults that are not included in the Obesity Treatment Program that may or may not be covered by your insurance plan. You may elect to receive these services at Duke or pursue these recommendations elsewhere.

You may request additional tests or a consult with a Duke specialist, i.e. ophthalmology, dermatology, etc. These additional tests and consults **are not** included in the Obesity Treatment Program, but we will be happy to schedule these appointments for you.

### Self Pay

The Duke Diet & Fitness Center is **not** part of the Private Diagnostic Clinic, PLLC (PDC) at Duke University Health System. As such, the Duke Diet & Fitness Center Program does not participate in any of the PDC's health insurance assignment agreements or managed care contracts. However, the Duke Diet & Fitness Center will file a small portion of the program to Medicare.

I understand that:

- o I am financially responsible for all charges associated with my Obesity Treatment Program and that payment-in-full is required upon admission.
- o The Duke Diet & Fitness Center Program does not participate in any health insurance assignment agreements or managed care contracts (except Medicare), nor does it file health insurance claim forms (except for a small billable amount to Medicare) or provide health insurance claim forms for any services associated with my Obesity Treatment.
- o The Duke Diet & Fitness Center protects the confidentiality of all medical information.

Do you receive Medicare benefits?       Yes     No

**With my signature, I am indicating that I understand my financial commitment for participating in the Duke Diet & Fitness Center Program.**

\_\_\_\_\_  
Patient/Guarantor's Signature



## Charge Card Authorization Form

I hereby authorize the Duke Diet and Fitness Center, Durham, NC, to charge the credit card listed below for services rendered or merchandise purchased by me during the course of my visit, or for services rendered and merchandise purchased by \_\_\_\_\_ that have been authorized by me during his/her visit. I understand that all outstanding balances remaining that have not been paid at the time of departure will be charged to this card.

\_\_\_\_\_  
Print Name of Cardholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

American Express     Discover     MasterCard     Visa

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_ *Zip Code of Cardholder*



# Duke Diet and Fitness Center

A SERVICE OF DUKE UNIVERSITY HEALTH SYSTEM

## Authorization For Release of Medical Information

(Give this release to your doctor if he requests it. Permission to make copies granted.)

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

History #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### THIS FORM MUST BE COMPLETED IN FULL

I authorize and request

\_\_\_\_\_  
(Name of doctor or hospital RELEASING information)

\_\_\_\_\_  
(Address)

to release TO

**Medical Clinic, Duke University Diet & Fitness Center**

\_\_\_\_\_  
(Name of hospital or individual TO RECEIVE information)

**501 Douglas Street, Durham, NC, 27705, or fax to (919) 688-8022**

\_\_\_\_\_  
(Address)

Yes  No  medical information concerning the history, treatment, examinations, and/or hospitalizations for the periods from \_\_\_\_\_ through \_\_\_\_\_.

Yes  No  medical information pertinent to treatment for ( ) Alcohol ( ) Drug Abuse ( ) Psychiatric Care or ( ) Psychological Assessment and/or treatment for the periods from \_\_\_\_\_ through \_\_\_\_\_.

I understand this information will be used for \_\_\_\_\_

I understand I may revoke this consent at any time except to the extent that action has already been taken on it, and that it will expire automatically ninety (90) days from the date indicated below. **NOTE: FEDERAL RULES PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION “UNLESS FURTHER DISCLOSURE IS EXPRESSLY PERMITTED BY THE” WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR IS OTHERWISE PERMITTED BY 42 CFR PART 2.**

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient’s Legal Representative (if applicable)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship to Patient



