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. **If your last visit to the DFC was between five to ten years ago, please complete a new client application.**

Contact Information

Name: ____

Address: ____

City: ____

State/Province: ______________________________ Zip Code: ___________________

Country: __________________________________ Date of Birth: _________________

Home Phone: ____

Other Phone: ____________________________ ❍ cell ❍ work ❍ pager

E-Mail: ____

Preferred means of contact: ____

Reservation Information

What is your preferred start date of this visit? __________________ 2nd 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:

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Duke Diet & Fitness Center

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: ____

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: ____

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:

____

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: ____

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? ______________________________

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: ______________________________

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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: ______________________________

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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.

Do you believe, or has anyone else told you, that you might have a problem with drug or alcohol use?
❍ Yes ❍ No
If yes, please explain: ______________________________

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

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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
501 Douglas St.
Durham NC 27705

You may also contact us for more information by e-mail at 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