



Patricia 'Pat' A. VanGalen, M.S.

Dear _____,

Thank you for your interest in pursuing a lifestyle coaching / physical training program under my direction. Enclosed in this packet, you will find the following:

- 1) Biographical Sketch
- 2) Fee Schedule
- 3) Lifestyle / Health Hx Information [LHHI] Form (4 pages)
- 4) 3-day Dietary Record
- 5) Cancellation Policy
- 6) Waiver
- 7) Informed Consent Baseline Assessment Form
- 8) Informed Consent Personal [Physical] Training Sessions Form
- 9) Other forms may be included as deemed necessary [fall risk, stress, etc.]

Before your first appointment, please:

- read ALL of the enclosed information
- complete the HBI; if necessary, refer to your medical records for details on blood pressure, cholesterol, glucose, functional labs, etc.; or photocopy as needed.
- include an up-to-date list of all medications and supplements you currently take.
- read the Informed Consent ASSESSMENT Form; if you don't have any questions or concerns, be prepared to sign it in my presence at your scheduled assessment.
- keep the Informed Consent Physical TRAINING Form; read it at a later date, and if you don't have any questions or concerns, be prepared to sign it in my presence at your first scheduled personal TRAINING session.
- complete the **nutrition** assessment(s), **especially if**:
 - you have a history of high blood pressure, cholesterol, blood glucose, etc.
 - you are at risk or have experienced heart or vascular disease, stroke, lung problems, osteoporosis, cancer, diabetes, etc.
 - fat loss is one of your long-term goals
 - athletic performance is of primary importance
 - you have NEVER had any formal nutrition education and feel that you could benefit
 - you have been exercising heavily and have not been getting results
- when completing the nutrition assessments, base your answers on what you do 80% of the time.

Please return ALL of your completed paperwork to me a minimum of two days prior to your scheduled assessment.

If you have any questions regarding any of the enclosed information, please don't hesitate to contact me. I look forward to working with you in the near future.

Sincerely,

Patricia A. VanGalen, M.S.

05/21

Pat VanGalen is a native of upstate New York, USA. She has been working in the field of movement, exercise and health promotion for 40+ years, teaching and training a full range of populations and professionals, individually and within various private and community organizations. Pat launched her career by earning a B.S. in Physical Education [PE] from Springfield College, Massachusetts in 1976 with a concentration in secondary PE and coaching. For the next three years she taught physical and health education at the high school level and coached field hockey, volleyball, basketball, gymnastics and track & field.

Interested in pursuing the area of corporate health and fitness, she returned to Springfield College in 1979 and earned her M.S. in Physical Education, emphasizing Exercise Science and Cardiac Rehabilitation. Pat wrote her thesis on "Compliance in Cardiac Rehabilitation Exercise Programs." Before moving overseas in 1990, Pat spent approximately 10 years designing, implementing and managing corporate and industrial fitness, health promotion and injury risk reduction programs. She was responsible for the start-up and management of six corporate fitness centers which included hiring and training the professional staff and facility planning. Pat has years of experience in individual physical fitness testing, consultation and programming, industrial job task/site analysis, isokinetic strength evaluations and risk reduction programming, as well as healthy lifestyle education.

Pat has been teaching exercise classes over her entire career for healthy, clinical, special and athletic populations of all ages. She has been training allied health professionals/instructors/trainers/coaches for over 30 years and has conducted numerous workshops for corporate and public professionals both in the US and abroad. In 1987, Pat wrote the Dyna-Band Instructor Training Manual. In 1994, she was the technical advisor and instructor in the "Muscles In A Minute" videotape, a basic strength training program for beginning exercisers. She was also a presenter at the ASIA FIT, FILEX and Network Conventions in Hong Kong, Australia and Singapore.

Pat is a Certified Functional Strength Coach [CFSC – Mike Boyle], certified American College of Sports Medicine [ACSM] Personal Trainer [CPT] and Exercise Test Technologist [ETT], and American Assoc. of Lifestyle Counselors [AALC] certified Lifestyle Counselor in Weight Control. Pat has served as a Continuing Education Provider for several professional organizations over the years. She has also earned the ACE Personal Trainer, Lifestyle & Weight Management Consultant, and Group Exercise Instructor certificates, Network [Australia] Strength Professional Examiner, among others. Pat is a member of the ACSM, NSCA, IDEA and various other professional organizations.

In 1990, Pat moved overseas where she established Excellence In Conditioning, a sole proprietorship dedicated to providing individual, corporate/ community physical training and health enhancement services. From 90-92, Pat's work in Singapore included designing and teaching the Singapore Sports Council Fitness Instructor Certification Courses, conducting CEC workshops and corporate health promotion programs, teaching cardiac rehab, pre/post natal, and total workout classes, public speaking and writing.

In Beijing from 92-95, her work included teaching step, strength, pre-natal and pre-school classes, personal training, instructor training [CEC Provider], public speaking and writing. She was also the co-founder of the Beijing Foreign Health Care Network.

95-99 brought Pat to Hong Kong. There, Pat served as a consultant, lecturer and teacher on the Matilda Hospital Health Promotion and Executive Health Programs, which included the design and layout of the Matilda Hospital Fitness Center. Pat lectured and tutored for the Chester College [UK] Distance Learning M.Sc. Nutrition and Exercise Science Program, and began her work as a doctoral student through the U of Liverpool – UC Chester, investigating the effects of exercise on post-menopausal women. Pat lectured on the ACE and NETWORK certification and continuing education courses and maintained her personal training business.

Upon her arrival back to the U.S. from 1999-2001, Pat continued her business of personal training, teaching and lecturing, in addition to working as Fitness Director for World Gym in Leesburg, Virginia.

Fall of 2001 through 2004 landed Pat back in Beijing, where she continued her teaching, personal training, lecturing for the Asian Academy of Sports and Fitness Professionals [AAFSP] certification/CEC courses and Asia Fit. She also consulted on the expansion of two training facilities, in addition to program development in strength and conditioning, professional development for PE/HE and coaches, and coaching middle school girls soccer at the Int'l School of Beijing.

2004-06 in Paris, France, expanded Pat's experience with high school athletes, where she designed and launched the Physical Training Center [PTC] at the American School of Paris [ASP]. She implemented strength and conditioning programs for the high school teams, conducted professional development workshops for the ASP PE Faculty and Coaches, coached Girls Varsity soccer, and girls and boys track and field, in addition to fund-raising for the Sports Boosters. Pat continued personal training along with conducting 'Eat and Drink for the Health of It', a weight management course held at the US Embassy.

From 2006-2009 in Williamsburg, VA, Pat added providing CEC courses for the NSCA [Regional Chapter], ACE through The College of William & Mary, PESI Healthcare, LLC for allied health professionals, and ACSM as a Certified Personal Trainer Course Instructor. She implemented strength and conditioning programs for a local boys and girls varsity basketball programs, in addition to upgrading their training facility and serving on Sports Boosters. Pat continued to personal train, teach group exercise and conduct corporate health promotion programs.

Fall of 2009 through May 2010 landed Pat in Berlin, Germany, where she continued her training and lecturing. Fall 2010-Summer 2015, Pat returned to Williamsburg, where she expanded all of her services under 'Active & Agile'. Back to Leesburg, VA, onto Albany NY, and now residing permanently in Big Sky, MT. Pat continues her passion of teaching, training, coaching and lecturing, hell-bent on changing the way and the pace at which we age. She is married to a retired Foreign Service Officer and the mother of two.

5/21



Patricia 'Pat' A. VanGalen. M.S.

Date: _____

Lifestyle / Health Hx [LHH]

Please complete this form *honestly* and to the *best of your knowledge*. All information will remain **CONFIDENTIAL**.

Name: _____ Occupation(s): _____

Address:[H]: _____

Phone [H] _____ Phone [M] _____ e-mail: _____

Address[O]: _____

Phone [O] : _____ e-mail: _____

Emergency Name & Contact _____

Physician: _____ Phone: _____ FAX: _____

How old would you be if you didn't know your DOB? _____ **AGE:** _____ yrs **DOB:** _____

PHYSICAL ACTIVITY / EXERCISE PATTERNS and Hx

What do you **like** to DO? What do you enjoy? skating, DH skiing, X-C skiing, court sports, field sports, adventure activities, water sports, dance, etc. _____

As an active adult, looking forward to future decades of vim, vigor and vitality, what do you hope to be doing?

SPORTS: Do you currently play any competitive sports? If so, please provide details.

Did you play any competitive sports in high school or college? If so, provide details.

Physical Activity Upbringing: Was your childhood/adolescence active? Outdoors playing? Daily physical chores?

Daily Physical Activity/work: regularly mow lawn, do house work, gardening, DIY remodeling, etc.? Describe.

FORMAL TRAINING [purposeful EXERCISE]:

Have you always trained/worked out? _____ If so, why? _____

If sporadic, explain why. _____

If you have never trained/exercised, why not? _____

CURRENT ACTIVITY LEVEL: What has been your physical activity level over the past 6-8 weeks? Provide details including type of activity, frequency, duration, and intensity: _____

TRAINING PREFERENCES: What [if anything] has been beneficial to you in the past? [walking, cycling, swimming, jogging/running, group exercise classes, cardio machines, circuit training, stair climbing, in-line skating, rope skipping, resistance training, CrossFit, HIIT, yoga, stretching, other, etc.]

MOST appealing: _____ LEAST appealing: _____

Do you walk a dog on a regular basis? If so, how far? How fast? _____

MOBILITY: Are there any daily tasks, movements or skills are that you find challenging or difficult?

Have you modified or avoided a particular physical task, movement or skill that was formerly easy?

SENSORY ISSUES: Provide relevant details.

Vision: glasses or contact lenses? _____

Hearing: aids? _____

Vestibular: dizziness/vertigo? _____

Loss of sensation in fingers, toes or feet? _____

TRIPS, STUMBLES AND FALLS: Have you tripped, stumbled or fallen lately? Or have a Hx? Provide details, situations, etc. _____

GOALS AND EXPECTATIONS ...Think: What do I want to be able to DO? How well? For how long?

What are you looking for from a physical training program [health / fitness benefits (cardiovascular, muscular strength and endurance, flexibility), muscle tone/definition, improved movement/mobility, fat loss, weight gain or maintenance, performance benefits, special event, travel, stress management, etc.]?

How much time [**minutes-hours**] do you want to dedicate to formal exercise training / **day**? **Days / week**? [not necessarily with a trainer] _____

Do you own HOME exercise equipment? If so, provide details.

Have you worked with a Personal Trainer - Coach before? If so, provide details.

What do you expect from me as your trainer/coach? _____

LIFESTYLE BEHAVIORS

SLEEP PATTERNS: _____ typically 7-8 hours and of good quality
_____ irregular and interrupted

TOBACCO USE: Do you smoke? _____ If yes, what do you smoke? _____
How many and how often? _____ per _____
If no, did you ever smoke? _____ When did you quit? _____

ALCOHOL: Do you drink alcoholic beverages? _____
If yes, indicate the AVERAGE number and type of drink each day or week.
Beer: _____ cans/glasses [12 oz] per day / week [circle **day** or **week**]
Wine: _____ glasses [4 oz] per day / week [circle **day** or **week**]
Spirits: _____ drinks/shots [1 oz] per day / week [circle **day** or **week**]

CAFFEINE: Do you ingest any of the following? If so, indicate approximate amount.

Coffee [regular]: _____ cups per day / week [circle **day** or **week**]
Coffee [decaf]: _____ cups per day / week [circle **day** or **week**]
Tea _____ cups per day / week [circle **day** or **week**]
Soft Drinks [type] _____ cans per day / week [circle **day** or **week**]
Chocolate [type] _____ pieces per day / week [circle **day** or **week**]
Aspirin, Diet Aids, etc. [specifics] _____
_____ tablets per day / week [circle **day** or **week**]

RECREATIONAL-MEDICINAL DRUGS: Do you currently use? _____ If yes, provide details _____

BODY SHAPE/WEIGHT ISSUES Present Weight _____ lbs/kgs Height _____ ins/cms

What was your body weight at the following years of age?

20 _____ lbs/kgs 25 _____ lbs/kgs 30 _____ lbs/kg 35 _____ lbs/kgs 40 _____ lbs/kgs 45 _____ lbs/kgs
50 _____ lbs/kgs 55 _____ lbs/kgs 60 _____ lbs/kg 65 _____ lbs/kg 70 _____ lbs/kgs 75 _____ lbs/kgs

Are you satisfied with your body shape/weight? _____ Provide details _____

Have you made any effort to change your body weight/shape? _____ If so, through what means and how many efforts?

Have you ever felt that you cannot control your eating? _____ If so, when? _____
Have you ever binged, binged and purged, or starved yourself to lose weight? _____ If so, provide details: _____

GENERAL MEDICAL HISTORY: Have you ever experienced any of the following? Thyroid condition, Hernia, Liver Disease, Anemia, GI Disorders [ulcers, Crohn's, chronic constipation or diarrhea], Epilepsy, Heart Murmur, Kidney Disease, Allergies [food, MEDS, environment], Cancer, chronic fatigue, chronic sleeplessness, Other. _____ If so, provide details.

DATE OF LAST PHYSICAL EXAM: _____

Did your physician ever indicate to you that you should NOT embark on an exercise program? _____
If so, why? _____

DATE of Last DENTAL Exam: _____

DIAGNOSTIC TESTS: Have you undergone any medical or diagnostic tests within the past **two** years? _____ If so, provide details: _____

SURGERY: Have you undergone any surgical procedures within the past 5 years? If so, provide details.

MEDICATIONS: List all PRESCRIBED and OTC [over-the-counter] medications that you currently take [include dosages].

SUPPLEMENTS / HERBS: List all VITAMIN/MINERAL supplements you currently take [include dosages].

WOMEN ONLY:

Have you ever experienced any of the following? _____ If so, provide details.

Amenorrhea [absence of menstruation], Oligomenorrhea [scanty or irregular periods], Dysmenorrhea [painful or difficult periods]? _____

Loss of urine when you cough, sneeze, or laugh? _____ During a particular exercise? _____

Describe the exercise: _____

If currently pregnant, state number of months: _____ months. If you are pregnant, or plan to become pregnant, would you like information on exercise and pregnancy? _____

Number of Children and ages: _____

Type of Birth(s): vaginal or C-section: _____

If **post-menopausal**, state number of months/years since your last menstrual period? _____

Have you had a hysterectomy? If so, when _____

Are you currently taking or have you taken in the past any form of hormone replacement therapy HRT? _____ If so, provide details: _____

Date of last: Pelvic exam/Pap smear: _____ mammogram: _____ DEXA [bone scan] _____

Results: _____

CARDIO-RESPIRATORY SYMPTOMS: Have you ever experienced any of the following, especially: Chest Pressure, Chest Pain [Angina], Shortness of Breath, Faintness, Dizziness or Lightheadedness, Leg Pain [Intermittent Claudication], Heartbeat Irregularities, Cough Producing Phlegm, etc.? _____

FAMILY HISTORY:
(blood relatives INCLUDE: M-mother, F-father, S-siblings, GM-grandmother, GF-grandfather, A-aunt, U-uncle)
 Did any of your **blood** relatives experience or die from any of the following?

Heart attack or stroke <u>under</u> the age of 60	M F S GM GF A U
Heart Attack or stroke at 60+ years	M F S GM GF A U
Presence of high blood pressure	M F S GM GF A U
Presence of diabetes	M F S GM GF A U
Presence of obesity	M F S GM GF A U
Presence of cancer, what type? _____	M F S GM GF A U
Presence of osteoporosis	M F S GM GF A U
Other _____	M F S GM GF A U

Longevity in the family? _____

CARDIO-RESPIRATORY HISTORY: Check the following if present or experienced in the past, and provide laboratory results and/or most recent values. Feel free to attach any current lab reports.

_____ High Blood Pressure _____	_____ Elevated Cholesterol _____
_____ Heart Attack, date _____	_____ Low HDL _____
_____ Stroke, date _____	_____ Elevated HDL ratio _____
_____ Peripheral Vascular Disease _____	_____ Elevated LDL _____
_____ Varicose Veins _____	_____ Elevated Blood Glucose _____
_____ Emphysema _____	_____ Low Blood Glucose _____
_____ Asthma _____	_____ Elevated Triglycerides _____
_____ Chronic Bronchitis _____	_____ Other _____
_____ CRP [Creatine Reactive Protein] _____	

MUSCULO-SKELETAL HISTORY: Have you ever experienced any of the following? [low back ache, chronic low back pain, back surgery, neck ache, chronic neck tension, shoulder injury and/or surgery, knee injury and/or surgery, foot or ankle injuries, arthritis, osteoporosis, or any other joint, bone, or muscular problem] _____ If so, provide details. If it is too long, it will be reviewed during the assessment.

I certify that all the information I have provided for this LHHI is true to the best of my knowledge.

Signature: _____ Date: _____



INSTRUCTIONS FOR COMPLETING THE 3+ DAY DIETARY RECORD*

* If you use an App or software package that depicts the what, when, where and why of your eating-drinking habits, and it prints a hard copy, I can work from it.

1. Refer to the attached forms.
2. Select at least TWO weekdays and ONE weekend day.
3. Write down EVERYTHING that you EAT and DRINK for **three+** days; record day by day.
4. DO NOT restrict your food/drink intake. Eat and drink as you typically do.
5. **Be specific as to the amounts and descriptions.** See examples below:

- 1cup of rice with 1 big blob of butter
- 1 large apple
- 1 broiled skinless chicken breast with lemon [about the size of 2 decks of cards]
- 1 large box – Burger King fries
- 2 small and “very greasy” egg rolls

6. Include WHAT, WHEN, WHERE, and WHY.

Examples:

WHAT	WHEN	WHERE	WHY
1 can Coca-Cola	4:00 P.M.	office desk	thirsty
1 bowl bran flakes cereal w/ ½ cup whole milk & banana	7:00 A.M.	kitchen table	breakfast
1 bowl vanilla ice cream [approx. 4 scoops]	9:00 P.M.	couch / TV	bored

7. Be as detailed and honest as possible. This will only serve to help me help you!!

Best of luck!
01/07



CANCELLATION POLICY

A **24-hour advance notice** is appreciated if a scheduled appointment cannot be met. Otherwise, the **client is responsible for payment of the missed session.** For **partner** sessions, if one client is unable to attend, the appointment will stand, and the absent client will forfeit their payment.

If extenuating circumstances occur, and the client(s) cannot schedule sessions over consecutive weeks, remaining sessions must be scheduled *consecutively* **within one year** of the purchasing/payment date. If not, the client(s) will forfeit their payment.

I certify that I have read, fully understand and agree to abide by the Cancellation Policy stated above.

Signature of Client

Date

Signature of Trainer-Coach

Date

02/15



Assumption of Risk / WAIVER

I accept that Patricia A. VanGalen, Personal Trainer and Lifestyle Coach will not be responsible for any liability whatsoever arising out of any accident or injury to me, or for loss of or damage to any property anywhere within my home, or any other venues in connection with private, semi-private or small group physical training.

Name of Client [please print]: _____

Signature of Client: _____

Date: _____



Informed Consent – Baseline ASSESSMENT

1. Assessments - Prior to beginning a program, you will be asked to perform some basic physical fitness tests designed to assess baseline aerobic capacity, muscular strength and flexibility. Assessments may include a sub-maximal step test, various abdominal, lower back and upper body strength tests as well as lower back, hamstring and shoulder joint flexibility tests and a posture evaluation. You may also be asked to submit to a blood pressure and resting heart rate measurement. Circumference measurements are optional. A 3-day dietary intake analysis is also available. These tests may be repeated at a later date to monitor progress.
2. Monitoring - You will be asked to provide feedback to the trainer regarding feelings of exertion, discomfort, etc. throughout the entire assessment. You may also be asked to wear a heart rate monitor to assist in assessing your response to exercise.
3. Attendant Risks and Discomforts - There exists the possibility of certain changes occurring during an exercise assessment. These include fainting, abnormal blood pressure, irregular, fast, or slow heart rhythm, and in rare instances, heart attack, stroke, or death. There is also a slight risk for musculo-skeletal injuries including muscle strain and joint pain. The typical discomforts of muscle soreness and mild joint ache can be expected. By provision of appropriate supervision during the exercise assessment, every effort will be made to minimize those risks. Emergency protocols are established to deal with unusual situations that may arise.
4. Responsibility of the Participant - To promote your safety and more accurately assess your baseline health and fitness:

DO NOT:

- withhold any information pertinent to symptoms from the trainer
- exceed the recommended level of exertion
- exercise when you are feeling ill or exceptionally tired

DO:

- obtain a written clearance from your physician if requested by the trainer
- complete the HBI [Health Background Information] form
- report any unusual discomfort or pain related to exercise in general to the trainer
- eat and drink appropriately before, during and after your assessment
- adhere to the recommendations made by the trainer during the assessment
- wear appropriate shoes and cool, comfortable clothing

5. Medical Records - The information that is obtained while you are a client of the trainer will be treated as privileged and confidential. It is not to be released or revealed to any person except your physician without your written consent.
6. Inquiries - Any questions or concerns regarding the assessment, please ask the trainer for further explanation.
7. Freedom of Consent - Your permission to work with the trainer is voluntary. You are free to deny consent if you so desire, both now and at any point in the assessment.

I acknowledge that I have read this form in its entirety or it has been read to me. I understand the nature of the trainer-supervised personal training assessment in which I will be engaged. I accept the risks, rules, and regulations set forth. Knowing these, and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to engage in a trainer-supervised personal training assessment.

Name of Participant

Signature

Date

Signature of Trainer-Caoch

Date

1/10



Informed Consent - Physical Training Sessions

Once your needs have been assessed, and your goals have been outlined, you will be given clear instructions on the intensity, duration, mode and frequency of training for cardio-respiratory, muscular strength / endurance, flexibility, and motor-skill gains to develop. You will also be given concise instructions on exercise technique to encourage safe and effective training. Nutrition recommendations will be made as needed.

1. **Explanation of Personal Training Sessions** - You will be participating in a progressive series of exercise sessions designed exclusively to meet your needs and goals. The appropriate educational information regarding nutrition and other lifestyle habits will be offered. You will be given clear instructions on how to perform the exercise(s) safely and effectively.
2. **Monitoring** - You agree to learn how to count your own pulse rate and subjectively evaluate your Rating of Perceived Exertion [RPE], as advised by the trainer.
3. **Attendant Risks and Discomforts** - There exists the possibility of certain changes occurring during an exercise session. These include fainting, abnormal blood pressure, irregular, fast, or slow heart rhythm, and in rare instances, heart attack, stroke, or death. There is also a slight risk for musculoskeletal injuries including muscle strain and joint pain. The typical discomforts of muscle soreness and mild joint ache can be expected. By provision of appropriate supervision during the exercise session, and appropriate guidance and education for unsupervised sessions, every effort will be made to minimize those risks. Emergency protocols are established to deal with unusual situations that may arise.
4. **Benefits to be Expected** - Widespread evidence indicates that regular physical activity can improve cardio-respiratory function, reduce the risk for coronary artery disease [by decreasing mild hypertension, improving blood lipid profiles, reducing body fatness and improving glucose tolerance], decreasing mortality and morbidity, decreasing anxiety and depression, and enhancing feelings of well-being, and performance of work, recreational and sport activities.
5. **Responsibility of the Participant** - To promote your safety and reap the benefits of a regular exercise program and other lifestyle modifications:

DO NOT:

- withhold any information pertinent to symptoms from the trainer
- exceed the recommended level of exertion
- exercise when you are feeling ill or exceptionally tired

DO:

- obtain a written clearance from your physician if requested by the trainer
- complete the LHHI [Lifestyle /Health Hx Information] form
- keep a log of your exercise sessions if requested by the trainer
- report any unusual discomfort or pain related to exercise in general to the trainer
- eat and drink appropriately before, during and after your workouts to provide the necessary fuel and hydration
- adhere to the recommendations made by the trainer concerning safe exercise limits
- wear appropriate shoes and clothing best suited to the training environment

6. **Medical Records** - The information that is obtained while you are a client of the trainer will be treated as privileged and confidential. It is not to be released or revealed to any person except your physician without your written consent.

- 7. Inquiries - Any questions about exercise, programming and lifestyle-related issues are welcome. If you have any doubts or questions, please ask the trainer for further explanation.
- 8. Freedom of Consent - Your permission to work with the trainer is voluntary. You are free to deny consent if you so desire, both now and at any point in the program.

I acknowledge that I have read this form in its entirety or it has been read to me. I understand the nature of the trainer-supervised exercise program in which I will be engaged. I accept the risks, rules, and regulations set forth. Knowing these, and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to engage in a trainer-supervised exercise program.

Name of Participant

Signature

Date

Signature of Trainer-Coach

Date



FEE Schedule [Travel time NOT included]

Baseline Lifestyle Assessment & Consultation [90 minutes] ---

- includes an in-depth health and lifestyle history, nutrition assessments, posture and basic fitness / movement evaluation, goal-setting and physical training plan discussion
- is required* for all clients [with the exception of a written report summarizing a recent medically-supervised stress test and/or physical therapist postural / musculo-skeletal evaluation]

PRIVATE Physical Training - Coaching Sessions

1-hour [55 minutes]

10 Sessions [≤ 10 consecutive weeks; typically begin w/ 2-3X/week] **TBA**

- recommended for those with an extensive medical history, who require more in-depth nutritional guidance, are post-rehabilitative, or who need a MAJOR lifestyle habits overhaul in order to achieve better health, mobility/movement, fitness and permanent fat loss.

10 X 45-minute 'Cut-to-the-Core' sessions [≤ 10 consecutive weeks] **TBA**

- for the seasoned, experienced and knowledgeable client

10 X 30-minute sessions [≤ 10 consecutive weeks] **TBA**

- for the 'ease-back-in' or *experienced-knowledgeable client* who agrees to warm up and warm down appropriately

Semi-Private [2 clients] Physical Training Sessions [≤ 10 consecutive weeks]

10 X 1-hour sessions \$ / client

10 X 30-minute 'Hit-It-Hard' sessions \$ / client

Small Groups [3-8 clients] **TBA**

Other Services*

- **Turn-it-Around [Comprehensive Lifestyle-Habits Overhaul]** [20 X 1-hour sessions] **TBA**
- Post-rehabilitation, clinical, sport-specific, training and coaching

PAYMENT

Please make payment in the form of _____ at your scheduled appointment, AND at the **first session** of a block of sessions. Make payable to: _____. Per your request, you will be given a receipt as proof of payment.

CANCELLATION POLICY

A **24-hour advance notice** is appreciated if a scheduled appointment cannot be met. Otherwise, the **client is responsible for payment of the missed session**. For **partner** sessions, if one client is unable to attend, the appointment will stand, and the absent client will forfeit their payment.

01/18

POSTURE SCORE SHEET	Name: _____			SCORING DATES			
	GOOD - 10	FAIR - 5	POOR - 0				
HEAD LEFT RIGHT	 HEAD, NECK AND SHOULDERS IN A STRAIGHT LINE THROUGH CENTER	 HEAD TILTED OR TURNED TO ONE SIDE SLIGHTLY	 HEAD TILTED OR TURNED TO ONE SIDE MARKEDLY				
SHOULDERS LEFT RIGHT	 SHOULDERS LEVEL	 ONE SHOULDER SLIGHTLY HIGHER THAN OTHER	 ONE SHOULDER MARKEDLY HIGHER THAN OTHER				
SPINE LEFT RIGHT	 SPINE STRAIGHT	 SPINE SLIGHTLY CURVED	 SPINE MARKEDLY CURVED LATERALLY				
HIPS LEFT RIGHT	 HIPS LEVEL	 ONE HIP SLIGHTLY HIGHER	 ONE HIP MARKEDLY HIGHER				
ANKLES	 FEET POINTED STRAIGHT AHEAD	 FEET POINTED OUT	 FEET POINTED OUT MARKEDLY				
NECK	 NECK, HEAD AND FEET IN A STRAIGHT LINE THROUGH SHOULDERS	 NECK SLIGHTLY FORWARDED	 NECK MARKEDLY FORWARDED				
UPPER BACK	 UPPER BACK NORMALLY ROUNDED	 UPPER BACK SLIGHTLY MORE ROUNDED	 UPPER BACK MARKEDLY ROUNDED				
TRUNK	 TRUNK LEVEL	 TRUNK INCLINED TO REAR SLIGHTLY	 TRUNK INCLINED TO REAR MARKEDLY				
ABDOMEN	 ABDOMEN FLAT	 ABDOMEN PROTRUDING	 ABDOMEN PROTRUDING LOW				
LOWER BACK	 LOWER BACK NORMALLY CURVED	 LOWER BACK SLIGHTLY HOLLOW	 LOWER BACK MARKEDLY HOLLOW				
			TOTAL SCORES				



→ KNEES:

Gait Observation:

From Paul Chek

Apley Scratch Test

Purpose

- Tests for limitations in the motions of the external and internal shoulder rotators

For External Shoulder Rotators

Instructions:

- Standing in a good upright posture, take your right hand and reach behind your head. Attempt to touch the top corner of your left shoulder blade. Repeat using the opposite arm.

Results:

- Normal = you can comfortably reach the top of your shoulder blade with your opposite hand.
- Tight = you cannot reach shoulder blade with opposite hand.

Recommendations:

- Tight using your left hand = stretch left shoulder rotators.
- Tight using right hand = stretch right shoulder rotators.
- Tight on both sides = stretch right and left shoulder rotators.

For Internal Shoulder Rotators

Instructions:

- Standing in a good upright posture, reach behind your back with your right arm. Attempt to touch the bottom of the left shoulder blade. Repeat using the opposite arm.

Results:

- Normal = you can comfortably reach the bottom of your shoulder blade with your opposite hand.
- Tight = you cannot reach your shoulder blade with your opposite hand.

Recommendations:

- Tight using left hand = stretch left shoulder and chest.
- Tight using right hand = stretch right shoulder and chest.
- Tight on both sides = stretch right and left shoulders and chest.



Date: _____

Name: _____

Hand Dominance: R L

Foot Dominance: R L

Age: _____ Sex: _____

Height: _____ Wt: _____

	FMS [Gray Cook-7]	Raw Score	Final	Comments
1	Deep Squat	0 1 2 3		
2	Hurdle Step L	0 1 2 3		
	Hurdle Step R	0 1 2 3		
3	In-line Lunge L	0 1 2 3		
	In-line Lunge R	0 1 2 3		
4	Shoulder Mob L	0 1 2 3		
	Shoulder Mob R	0 1 2 3		
	CLEAR - Impinge L	+ --		
	CLEAR - Impinge R	+ --		
5	Active SL Raise L	0 1 2 3		
	Active SL Raise R	0 1 2 3		
6	Trunk Stabil Push-up	0 1 2 3		
	CLEAR Prone Press-up	+ --		
7	Rotary Stability L	0 1 2 3		
	Rotary Stability R	0 1 2 3		
	CLEAR Spinal Flexion	+ --		
	Total			

Trunk Rotation - seated
 POWER
 AGILITY
 Down-Up Floor

DAY-to-DAY Difficulties:

Date: _____

Name: _____

Hand Dominance: R L

Age: _____ Gender: _____

Height: _____ Wt: _____

Foot Dominance: R L

FAB 10-Item	P F	Comments
X-arms balance EC [30 sec]	P F	
Reach forward 10" [retrieve object horizontal]	P F	
360° turn ≤ 4 steps - R	P F	
360° turn ≤ 4 steps - L	P F	
Step up-over 6" bench - R [proper swing thru]	P F	
Step up-over 6" bench - L [proper swing thru]	P F	
Tandem walk - OTL - 10 steps	P F	
1-leg stance - X arms - 20 sec - R	P F	
1-leg stance - X arms - 20 sec - L	P F	
2-leg stance on foam pad - 20 secs w/ EC	P F	
2-foot jump [2X length of feet] foot: _____"	P F	
Walk w/ head turns 30° @ 100 bpm	P F	
1-2 step recovery -'trust me'	P F	

<p>POWER</p> <p>AGILITY</p>

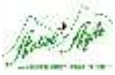
Date: _____
 Age: _____ Gender: _____

Name: _____
 Height: _____ Wt: _____

Hand Dominance: R L
 Foot Dominance: R L

Berg 14-Item	Scoring	0	1	2	3	4	Comments
Sitting to standing	0 1 2 3 4	mod - max assist	min aid -stand or stabilize	able w/hands - several tries	able using hands	no hands + stable	
Standing unsupported	0 1 2 3 4	< 30 secs	needs several tries	30 secs	2 min w/ supervision	2 min safely	
Sitting unsupported	0 1 2 3 4	unable w/out supp 10 secs	unable 10 secs	able 30 secs	2 min w/ supervision	2 min safe / secure	
Standing to sitting	0 1 2 3 4	needs assist	uncontrolled descent	able 30 secs	2 min w/ supervision	2 min safe / secure	
Transfers - w/ arm rests	0 1 2 3 4	needs 2 people assist/super	needs 1 person	able w/ cuing - supervision	safely - DEFINITE use of hands	safely - minor use of hands	
Transfers - w/out arm rests							
Standing with eyes closed	0 1 2 3 4	needs help	unable EC 3 secs	3 secs	10 secs w/ supervision	10 secs safely	
Standing with feet together	0 1 2 3 4	attain help - < 15 secs	attain help - 15 secs	attain - < 30 secs	attain - 1 min w/ super	attain - 1 min safely	
Reach F - outstretched arm R	0 1 2 3 4	loses bal - req external support	reaches F - needs supervision	reaches F - 2" / 5 cm	reaches F - 5" / 12 cm	reaches F confidently - 10" / 25 cm	
Reach F - outstretched arm L							
Retrieving object from floor	0 1 2 3 4	unable to try - needs assist	unable - needs assist	unable-reaches 1-2'	able w/ supervision	able - safe-easy	
Turning to look behind - R	0 1 2 3 4	looks behind from both sides - weight shifts well	looks behind 1 side ONLY; other - less weight shift	turns sideways only - keeps balance	needs supervision when turning	needs assist to prevent losing balance or falling	
Turning to look behind - L							
Turning 360 degrees - R	0 1 2 3 4	360° safely in ≤ 4 sec	1-side ONLY 360° safely in ≤ 4 sec	360° safely but SLOWLY	needs close supervision or verbal cueing	needs assistance while turning	
Turning 360 degrees -L							
Placing alternate foot on stool	0 1 2 3 4	independent, safe, 8 steps - 20 secs	independent, safe, 8 steps - >20 secs	4 steps w/out aid w/ supervision	> 2 steps w/ minimal assistance	needs assist - prevent falling / unable to try	
Standing [unsupported] - R foot in front	0 1 2 3 4	tandem stance independent - 30 secs	foot ahead - independent 30 secs	small step - independent 30 secs	needs help to step - hold 15 secs	loses balance while stepping or standing	
Standing [unsupported] - L foot in front							
Standing on one foot - R	0 1 2 3 4	lifts leg - independent - hold > 10 secs	lifts leg - independent - hold 5-10 secs	lifts leg - independent - hold ≥3 secs	tries leg lift - holds < 3 secs - stands independently	unable to try - needs assist - prevent fall	
Standing on one foot - L							
Total							

FALL Risk 41-56 = LOW 21-40 = MEDIUM 0-20 = HIGH



Injury/MSK Hx

Name _____

Date: _____



11/2021

Case Study: HX + Baseline Info

Occupations/Vocations/Hobbies
DOB
Feel how old?
Physical Activity
PA for enjoyment now
Hx PA for FUN
PA upbringing
Physical Labor now
Steps/Day Now
Training
Training Now
Training Hx
Training Preferences
Mobility Challenges
Sensory Issues
Slips-Trips-Falls
Why Train / hope to gain / Dreams / Ambitions
Time Allotment
Sleep
Tobacco/Vape
Caffeine
Alcohol
Rec Drugs
BW/Shape Issues
Hx BW/Shape Issues
Gen Med Hx
Last Physical / Specialist
Last Dental / Vision
Recent Tests/Procedures
MEDS

Supplements/Herbs
Women Issues Past
PM Women Issues
Mammo/Pap/ DEXA
CR Health
Symptoms / Signs
Family Hx
Labs/Blood Work
MSK Hx
BASELINES
RHR
RBP
BW
Height
Height Loss
BMI
Waist
Hips
WHR
Posture
Gait
FMS
FAB-10
Hand Grip
Floor Rise
10X Chair Stand
TUG
PWC
<ul style="list-style-type: none"> • Mx / Peak HR • Est VO2max • RPE
THRR / RPE
Wearables?

Date _____ Name _____ Age _____ Sex _____

Height: _____ Weight: _____

Pillar Implications: Big Rocks First
Purpose-Movement-Nutrition-Rhythms-Stress

Health Issues:

MEDS/Supps:

Woman's Health Issues:

Family Hx:

Cardio-Metabolic Hx:

BW/Shape Issues:

MSK-Injury Issues:

Sensory / Trips/Falls:

Hardiness / Heartiness

3 Big Rocks [Basics]

Purpose:	Faith	Family	Freedom
Movement:	DAILY Steps + ALL PA	Leisure-time Sport-Rec-Dance	TRAINING
Diet: 3DDR Summary /	Hydration	REAL Macros	Timely portions + Proportions
Rhythms R-R-R	Sleep	Patterns/Routines	Relax / Wind Down
Stress Ops & Opps:	Mindset Stress=Growth	Counter: Defense+Offense	Perception of Stressor

Goals / Expectations / Dreams / Benchmarks:

Bottom Line:



Name _____

Month / Yr _____

DATE	Daily Mobility Stretch	Strength-Power	CR Cond	Classes	Steps	Recreation	Physical Labor	Food Grade	Weight	Sleep 0 -10 [best]
Sample	Roll - Stretch	Total Body	Hill Sprints	Masters In Motion	15000	DH ski	mowed lawn - pushed - 1 hr	C+	165	6
1										
2										
3										
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28										
29										
30										
31										

Adele

Month / Yr _____

DATE	Walk(s)	Exercise Series	BONUS Habits	Chores-PA-Fun	Aches - Pains	PRO + Healthy Fat at each meal/snack	Water	Sleep 0 -10 [best]	Weight
Sample	35 30	✓	✓✓	clean garage	Sweeping - 4	BF L SN D	8 X1oz sips	6	147
1									
2									
3									
4									
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30									
31									

Name _____

Month / Yr _____

DATE	Trainer	Cardio-HIIT	Roll-Stretch	Recreation	Classes	Steps	Phys Labor	Food Grade	Alcohol	Weight	Sleep 0-10 [best]
Sample	1 hour	Run 3 miles	2X	soccer - hour ¹	Yoga	15000	mowed lawn - pushed - 1 hr	B	0	145	6
1											
2											
3											
4											
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31											

Time Management

Typical Patterns Rhythms

Name _____ Week of _____

Time	Sample	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00	<i>0630 get up</i>							
7:00	<i>walk dog 20:00</i>							
8:00	<i>breakfast coffee; get dressed</i>							
9:00	<i>workout</i>							
10:00	<i>check e- mail</i>							
11:00	<i>work home office</i>							
12:00 noon	<i>1230 lunch</i>							
1:00	<i>work home office</i>							
2:00	<i>work home office</i>							
3:00	<i>work home office</i>							
4:00	<i>errands</i>							
5:00	<i>Walk dog 20:00</i>							
6:00	<i>dinner</i>							
7:00	<i>clean-up relax</i>							
8:00	<i>night time ritual</i>							
9:00	<i>read</i>							
10:00	<i>1030 lights out</i>							
11:00								

TRAINING SCHEDULE for _____

Date _____

DAY	w/ PAT	PLACE	TIME	Session	Intensity / Comments
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

04/28/2021

Name: Patricia A Van Galen | DOB: 10/26/1954 |

COMPREHENSIVE METABOLIC PANEL

Component	Your Value	Standard Range
Glucose [non-fasting: 2hour post-prandial]	103 mg/dL	70 - 99 mg/dL
BUN	32 mg/dL	7 - 22 mg/dL
Creatinine	0.92 mg/dL	0.60 - 1.40 mg/dL
BUN/Creatinine Ratio	34.8	12.0 - 20.0
Sodium	141 meq/L	135 - 143 meq/L
Potassium	4.8 meq/L	3.6 - 5.2 meq/L
Chloride	104 meq/L	100 - 110 meq/L
CO2	29 meq/L	21 - 32 meq/L
Anion Gap with K	13 meq/L	6 - 20 meq/L
Calcium	9.3 mg/dL	8.3 - 10.1 mg/dL
Protein Total	7.4 g/dL	6.4 - 8.2 g/dL
Albumin	4.1 g/dL	3.4 - 4.5 g/dL
Alkaline Phosphatase	76 U/L	24 - 117 U/L
AST - SGOT	22 U/L	0 - 34 U/L
ALT - SGPT	33 U/L	0 - 78 U/L
Bilirubin Total	0.6 mg/dL	0.0 - 1.3 mg/dL

Use of this assay is not recommended for patients undergoing treatment with eltrombopag due to the potential for falsely elevated results.

Age	66 Years	Years
eGFR Non-African American	61 mL/min/1.73m ²	≥ 60 mL/min/1.73m ²
eGFR African American	74 mL/min/1.73m ²	≥ 60 mL/min/1.73m ²

The estimated Glomerular Filtration Rate (eGFR) is calculated using the Abbreviated Modification of Diet in Renal Disease (MDRD) equation. The eGFR is reported out in mL/min. per 1.73 meter squared units.

The National Kidney Foundation action value for patients without a diagnosis of chronic kidney disease is a eGFR of < 60 mL/min per 1.73M².

The National Kidney Foundation stages listed below apply to patients with a diagnosis of chronic kidney disease (defined as either kidney damage or eGFR < 60 mL/min/1.73 m² for 3 months). Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests or imaging studies. These stages apply to adults. No standardized classification has yet been established for pediatric patients.

Stage eGFR in ml/min per 1.73M²

- 1 Kidney abnormality with normal or increased eGFR ≥ 90
- 2 Kidney abnormality with mild decreased eGFR 60-89
- 3 Moderately decreased eGFR 30-59
- 4 Severely decreased eGFR 15-29
- 5 Kidney failure < 15

The eGFR varies with age, sex, race and body size and normally decreases with age.

LAB ONLY - COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Component	Your Value	Standard Range
WBC	4.4 K/uL	<i>3.2 - 10.8 K/uL</i>
RBC	4.65 M/uL	<i>4.00 - 5.60 M/uL</i>
Hemoglobin	15.1 g/dL	<i>12.0 - 17.0 g/dL</i>
Hematocrit	44.3 %	<i>37.0 - 51.0 %</i>
MCV	95.2 fL	<i>80.0 - 99.0 fL</i>
MCH	32.4 pg	<i>27.2 - 34.4 pg</i>
MCHC	34.1 g/dL	<i>31.7 - 34.9 g/dL</i>
RDW-CV	12.6 %	<i>11.5 - 15.5 %</i>
RDW-SD	42.0 fl	<i>35.5 - 50.0 fl</i>
Platelet Count	245 K/uL	<i>140 - 440 K/uL</i>
MPV	8.3 fL	<i>6.5 - 9.8 fL</i>
Seg Neut Absolute	2.7 K/uL	<i>1.4 - 6.5 K/uL</i>
Lymphocytes Absolute	1.3 K/uL	<i>1.2 - 3.4 K/uL</i>
Monocytes Absolute	0.4 K/uL	<i>0.2 - 1.0 K/uL</i>
Eosinophils Absolute	0.0 K/uL	<i>0.0 - 0.7 K/uL</i>
Basophil Absolute	0.0 K/uL	<i>0.0 - 0.5 K/uL</i>
Neutrophils Abs. (Segs and Bands)	2,700 /uL	<i>/uL</i>
Neutrophils Percent	60.6 %	<i>%</i>
Lymphocytes Percent	28.6 %	<i>%</i>
Monocytes Percent	9.0 %	<i>%</i>
Eosinophils Percent	0.9 %	<i>%</i>
Basophil Percent	0.9 %	<i>%</i>
Nucleated RBC	<2 /100 WBC's	<i>/100 WBC's</i>

LIPID PANEL - Details

Component	Your Value	Standard Range
Cholesterol	267 mg/dL	97 - 200 mg/dL
	Desirable: <200 mg/dL Borderline High: 200 - 239 mg/dL High: >= 240 mg/dL	
Triglyceride	193 mg/dL	30 - 200 mg/dL
	Desirable: <150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very High: >=500 mg/dL	
HDL	127 mg/dL	39 - 96 mg/dL
LDL	101 mg/dL	0 - 129 mg/dL

Non-HDL Cholesterol = TC – HDL

267 – 127 = 140

Chol:HDL ratio = TC / HDL

267 / 127 = 2.1

HDL:Chol ratio = HDL / TC

127 / 267 = 4.8

C-REACTIVE PROTEIN (INFLAMMATION) -

Increases in CRP values are non-specific and should not be interpreted without a complete clinical history. Recent medical events resulting in tissue injury, infections, or inflammation, may cause elevated CRP levels, and should also be considered when interpreting results.

For assessing cardiac risk, a High Sensitive assay should be ordered.

Component	Your Value	Standard Range
CRP	<2.0 mg/L	0.0 - 3.0 mg/L

ESR - Erythrocyte Sedimentation Rate

- measures how quickly erythrocytes, or RBCs, separate from a blood sample that has been treated so the blood will not clot.
- During this test, a small amount of your blood will be put in an upright tube.
- A lab specialist will measure the rate that your red blood cells settle toward the bottom of the tube after 1 hour.
- If you have a condition that causes inflammation or cell damage, your red blood cells tend to clump together.
- This makes them heavier, so they settle faster. The faster your red blood cells settle and fall, the higher your ESR.
- A high ESR tells your healthcare provider that you may have an active disease process in your body.

Component	Your Value	Standard Range
ESR	0 mm/Hr	0 - 30 mm/Hr

VITAMIN D, 25-OH, TOTAL

Vitamin D comes in several forms. When ultraviolet light, such as sunlight, hits your skin, it creates vitamin D3. D2 is used to fortify dairy foods. Both of these are further processed by your liver and kidneys into a form your body can use. Most tests for vitamin D check the level of a form circulating in the body called 25-hydroxyvitamin D, also called 25(OH)D.

< 20 ng/ml = DEFICIENT

20-29 ng/ml = INSUFFICIENT

30-80 ng/ml = **OPTIMUM**

> 150 ng/ml = POSSIBLE TOXICITY

Component	Your Value	Standard Range
Vitamin D 25 Hydroxy	52 ng/mL	<i>30 - 80 ng/mL</i>

TSH REFLEX **Thyroid-Stimulating Hormone**

- Healthcare providers use this test to diagnose problems affecting the thyroid; the thyroid is a butterfly-shaped gland near the base of your throat above your collarbones.
- The thyroid makes 2 hormones, T3 and T4; these hormones affect your energy levels, mood, weight, and other important parts of your health.
- The pituitary gland in your brain makes a chemical called TSH.
- TSH triggers your thyroid to make T3 and T4.
- When your pituitary gland makes too much or too little TSH, this can cause your thyroid to be overactive (hyperthyroidism) or underactive (hypothyroidism).

Component	Your Value	Standard Range
TSH	1.46 uIU/mL	<i>0.34 - 4.82 uIU/mL</i>

General Information

Ordered by

Collected on 04/28/2021 11:26 AM from Blood (Blood)

Resulted on 04/28/2021 1:04 PM

Result Status: Final result

Component Your Value Standard Range Flag

Cholesterol, Total, CDC, S **254 mg/dL** **mg/dL** **H**

Desirable: < 200
 Borderline high: 200 - 239
 High: > or = 240

- Directly linked to your risk of heart and blood vessel disease.

Goal for patients who are:

- **20 years old or younger:** 75-169 mg/dL
- **21 years old or older:** 100-199 mg/dl
- Your goal may be different depending on your age and other risk factors you have.

Triglycerides, CDC, S **70 mg/dL** **mg/dL**

Normal: <150
 Borderline high: 150-199
 High: 200-499
 Very high: > or =500

- Related to heart and blood vessel disease.
- A very high (>500-1,000 mg/dL) increases your risk of pancreatitis.
- Levels are higher if you are obese or diabetic.
- Eating simple sugars/simple carbohydrates, a high-fat diet and drinking alcohol can cause high levels.
- Exercise can help lower levels.

Goal: Less than 150 mg/dL

HDL (High-density lipoprotein) Cholesterol, CDC, S **107 mg/dL** **>=50 mg/dL**

- “Good cholesterol”
- High levels reduce your risk of heart and blood vessel disease. The higher your HDL level, the better.

Ideal levels:

- **Men:** Higher than 45 mg/dL
- **Women:** Higher than 55 mg/dL

Component Your Value Standard Range Flag

LDL Cholesterol	134 mg/dL	mg/dL	H
Desirable: <100 Above Desirable: 100-129 Borderline high: 130-159 High: 160-189 Very high: > or =190			
<ul style="list-style-type: none"> Lousy cholesterol; High levels are linked to a greater risk of heart and blood vessel disease. Major treatment target for patients taking cholesterol-lowering medications 			
Goal:			
<ul style="list-style-type: none"> Less than 70 mg/dL if you have heart or blood vessel disease, diabetes or a very high risk of heart disease. Less than 100 mg/dL if you have metabolic syndrome or more than one risk factor for heart disease. Less than 130 mg/dL if you have a low risk of coronary artery disease. 			
LDL Triglycerides	28 mg/dL	<=50 mg/dL	
VLDL cholesterol	13 mg/dL	<30 mg/dL	
VLDL triglycerides	22 mg/dL	<120 mg/dL	
Beta VLD Cholesterol	Not Detected mg/dL	<15 mg/dL	
Beta VLDL triglycerides	Not Detected mg/dL	<15 mg/dL	
Chylomicron cholesterol	Not Detected mg/dL	Undetectable mg/dL	
Chylomicron triglycerides	Not Detected mg/dL	Undetectable mg/dL	
Lp(a) Cholesterol	<5 mg/dL	<5 mg/dL	
LpX	Not detected	Undetectable	
Interpretation	Profile does not meet criteria for a Fredrickson phenotype.		

Lipoprotein (a) [(Lp(a))]: a low-density lipoprotein (LDL) attached to a protein called apo (a).

- High levels of Lp(a) increase your risk of heart attack, stroke, blood clots, fatty build-up in veins after coronary artery bypass surgery and narrowing of the coronary arteries after angioplasty.
- High levels tend to run in families; your doctor may order this test if you have a family history of heart disease at an early age.
- If your level is high, your doctor will likely be aggressive in managing your heart disease risk factors, especially your LDL level.
- Ideal level:** **Less than 30 mg/dL**

Apolipoprotein A1	261 mg/dL	≥ 125 mg/dL	
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Reference Range: $>$ or $= 125$

Risk Category: Female

Optimal $>$ or $= 125$

High < 125

Apolipoprotein B	90 mg/dL	< 90 mg/dL	H
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Reference Range: < 90

Risk Category:

Optimal < 90

Moderate 90 - 119

High $>$ or $= 120$

- A major protein found in cholesterol; research suggests ApoB *may* be a better overall marker of risk than LDL alone.
- High levels of ApoB are a sign of *small, dense LDLs*.
- **Ideal level:** Less than 100 mg/dL

APO B/A1 Ratio	0.34	< 0.63	
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Reference Range: < 0.63

Risk Category: Female

Optimal < 0.63

Moderate 0.63-0.78

High > 0.78

NT-PRO B-TYPE NATRIURETIC PEPTIDE [Aminoterminal, pro-brain natriuretic peptide (NT-proBNP)]

NT-Pro BNP	53 pg/mL	0 - 125 pg/mL	
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A normal level of NT-proBNP, based on **Cleveland Clinic's Reference Range** is:

- < 125 pg/mL for patients aged 0-74 years / < 450 pg/mL for patients aged 75-99 years
- Protein made in the heart and found in the blood when there is extra strain on the heart.
- High levels are linked to a higher risk of heart and blood vessel disease and may mean there is a decrease in heart function. You may need other tests to get more information.
- If your levels are high, your doctor will likely be aggressive to reduce your risk of cardiovascular problems
- **Ideal level:** Less than 125 pg/mL

Reference Values **Males:**

Females:

< or =45 years: < or =51 pg/mL

< or =46 years: < or =140 pg/mL

50 years: < or =59 pg/mL

50 years: < or =149 pg/mL

55 years: < or =68 pg/mL

55 years: < or =160 pg/mL

60 years: < or =77 pg/mL

60 years: < or =173 pg/mL

65 years: < or =88 pg/mL

65 years: < or =189 pg/mL

66 years: < or =193 pg/mL

70 years: < or =100 pg/mL

70 years: < or =206 pg/mL

75 years: < or =113 pg/mL

75 years: < or =227 pg/mL

80 years: < or =128 pg/mL

80 years: < or =248 pg/mL

> or =83 years: < or =138 pg/mL

> or =83 years: < or =263 pg/mL

Homocysteine 8.6 umol/L 4.4 - 13.6 umol/L

- An amino acid.
- High levels increase your risk of heart and blood vessel disease.
- Amino acids are chemicals in your blood that help create proteins. Vitamins B12, B6 and folate (B9) break down homocysteine to create other chemicals your body needs. High homocysteine levels may mean you have a vitamin deficiency. Without treatment, elevated homocysteine increases your risks for dementia, heart disease and stroke.
- **Ideal Level:** Less than 10 umol/L

Fibrinogen 278 mg/dL 200 - 450 mg/dL

- A protein in the blood.
- Helps blood clot, but too much increases your risk of a heart attack.
- **Ideal range:** Less than 300 mg/dL

1. Spirit
2. Suppleness & Stability
3. Gait Speed & Sprint-like Mechanics
4. Strength & Power
5. Skills
6. Stamina
7. Specificity & Specifics
Additional Insights:

