

GUEST REGISTRATION FORM



In order to help us individualize your program, please answer as completely as possible.

All information is completely confidential.

PERSONAL INFORMATION

Arrival Date [month / day / year]: / /

Departure Date [month / day / year]: / /

Last Name: _____

First Name: _____

Date of Birth [month / day / year]: / /

Gender: Male Female

Marital Status: Single Married Divorced Widowed

Number of Children: _____

Ethnicity: _____

HOME INFORMATION

E-mail: _____

Telephone: (c) _____

Telephone: (h) _____

Address: _____

City: _____ State: _____ Zip: _____

In case of emergency, please contact:

Name: _____ Telephone: _____

Relationship to contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Your personal physician is:

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

* *I give Hilton Head Health permission to contact my physician regarding my current health status as it pertains to my participation in all activities provided.*

Initial: _____

BUSINESS INFORMATION

Company Name: _____

Occupation: _____

Telephone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

GENERAL INFORMATION

Current Height: ____ ft. ____ in. Weight (lbs.): _____

What is your preferred body weight range (lbs.)? _____

What is/are your main reason(s) for attending Hilton Head Health?

- Weight loss Fitness Nutrition Stress Smoking Cessation Support
 Other: _____

Have you recently:

- Gained Weight Lost Weight Neither

If your weight has changed: How much? _____

Over what period of time? _____

Please explain: _____

Are you interested in personal training or other individual sessions during your stay? _____

Do you smoke? Yes No

*Please note: All buildings at the Hilton Head Health weight loss spa are **smoke-free**.*

Do you have any physical or medical limitations that would hinder physical activity or an exercise program?

- Yes No

If so, please check any of the following health issues that apply to you.

- | | |
|--|---|
| <input type="radio"/> Heart Disease | <input type="radio"/> Vascular Disease/Stroke |
| <input type="radio"/> Hypertension | <input type="radio"/> Diabetes — <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 |
| <input type="radio"/> Osteoporosis | <input type="radio"/> Arthritis — <input type="checkbox"/> Rheumatoid <input type="checkbox"/> Osteoarthritis |
| <input type="radio"/> Fibromyalgia | <input type="radio"/> Chronic Fatigue |
| <input type="radio"/> Migraine/Headaches | <input type="radio"/> Digestive Disorders |
| <input type="radio"/> Depression/Anxiety | <input type="radio"/> Pulmonary/Respiratory Complications |
| <input type="radio"/> Cancer — <input type="checkbox"/> Breast <input type="checkbox"/> Colon <input type="checkbox"/> Lung <input type="checkbox"/> Prostate <input type="checkbox"/> Other _____ | |

Do you have any other medical issues that you feel we should be aware of?

- Yes No

If "YES," please explain: _____

Has your physician advised you not to do certain exercises?

- Yes No

If "YES," please explain: _____

Are you taking any prescription medications?

- Yes No

If “YES,” please list the name of medication, dosage and frequency:

Medication Name: _____

Dosage: _____

Frequency: _____

Current medical evidence indicates that for most healthy people a medical screening or an exercise EKG test is not necessary prior to participating in a moderate exercise program. Hilton Head Health’s exercise program, with minor exceptions, qualifies as moderate; therefore, we do not routinely require a medical screening or an exercise EKG for guests. Instead, we request that guests perform a self assessment by completing a PAR-Q and Risk Factor Evaluation. The results of the PAR-Q will determine whether you should contact your physician prior to attending Hilton Head Health. All information is completely confidential.

PAR-Q (PHYSICAL ACTIVITY READINESS-QUESTIONNAIRE*)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are currently, start by answering the seven questions below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you begin. If you are over 69 years of age, and you are not used to being very active, please check with your doctor.

Common sense is your best guide when answering the questions below. Please read the question carefully and answer each one honestly. Choose YES or NO.

- | | | |
|--|---------------------------|--------------------------|
| Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | <input type="radio"/> Yes | <input type="radio"/> No |
| Do you feel pain in your chest when you do physical activity? | <input type="radio"/> Yes | <input type="radio"/> No |
| In the past month, have you had chest or arm pain when you were not doing physical activity? | <input type="radio"/> Yes | <input type="radio"/> No |
| Do you lose your balance because of dizziness or do you ever lose consciousness? | <input type="radio"/> Yes | <input type="radio"/> No |
| Do you have a bone or joint problem that could be made worse by a change in your physical activity? | <input type="radio"/> Yes | <input type="radio"/> No |
| Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? | <input type="radio"/> Yes | <input type="radio"/> No |
| Do you know of any other reason why you should not do physical activity? | <input type="radio"/> Yes | <input type="radio"/> No |

IF YOU ANSWERED...

YES TO ONE OR MORE QUESTIONS:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness assessment. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which programs and exercises are safe and helpful for you.

NO TO ALL QUESTIONS:

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness assessment—this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

DELAY BECOMING MUCH MORE ACTIVE...

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better.
- If you are or may be pregnant – talk to your physician.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

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RISK FACTOR EVALUATION

It is recommended that all participants who have two or more of the following risk factors for coronary heart disease have an Exercise Stress Test with an EKG. Please check all that apply to you:

- Hypertension (high blood pressure) - (Systolic > 140 or Diastolic > 90, or taking medication)
- Dislipidemia (high cholesterol) - (Total >240 mg/dl, LDL > 130 mg/dl, HDL < 40 mg/dl, or taking medication)
- Impaired Fasting Glucose – (Fasting glucose > 100 mg/dl, on 2 separate occasions, or taking medication)
- Cigarette smoker (current, or those who quit within the past 6 months)
- Family history of coronary heart disease (prior to age 55 for men, age 65 for women)
- Male over 45 or female over 55 (see Medical Screening section)
- Sedentary – (Not participating in a regular exercise program)
- Obesity (waist circumference >35 inches for women, >40 inches for men)

It is recommended that all these participants who have one or both of the following conditions have an Exercise Stress Test with an EKG. Please check all that apply to you:

- Diabetic — Type 1 Type 2
- Personal history of coronary artery disease and/or stroke

Please choose one of the following:

- I will have an Exercise Stress Test with an EKG prior to arrival.
- I have had an Exercise Stress Test with an EKG within the last six months.
We recommend that you bring the results of your test with you.
- I choose not to have an Exercise Stress Test with an EKG at this time.

MEDICAL SCREENING

A medical screening is recommended for all men over 45 and women over 55 prior to starting any lifestyle change program. This screening should include checking vital signs, reviewing your medical history, and complete blood and urine analysis.

Please choose one of the following:

- I have recently had a medical screening (within the last six months).
- I choose not to have a medical screening test at this time.

NUTRITION QUESTIONS

- Are you on any special diet? [Check all that apply]
 None Vegetarian Vegan Lactose Intolerant
 Gluten-free Other: _____
- Which meals do you eat? [Check all that apply]
 Breakfast Lunch Dinner Snacks
- How many snacks per day do you usually eat? _____
- What food(s) do you need to reduce your consumption of to achieve your goals?

- What barriers make it difficult to eat healthfully? [Check all that apply]
 Too busy / lack of time
 Late-night Snacking
 Eat out a lot
 Portion control
 Don't like to cook
 Stress or emotional eating
 Food allergies
 Food cravings
 Difficulty choosing nutritious foods
 Medical condition affecting food intake
 Lack of planning
 Family members sharing meal time
 Live alone; don't want to cook for one
 Other: _____
- How many times per week do you eat out for
Breakfast _____
Lunch _____
Dinner _____
- Which restaurants do you frequent? [Check all that apply]
 Fast food Deli Casual Upscale/gourmet Other: _____
- How many soft drinks do you have per day?
Regular _____ Diet _____
- What other caloric beverages do you regularly consume? (fruit juice, fruit drinks, sports drinks, energy drinks, etc.)

- What information on the food label do you use to decide whether to purchase that item? [Check all that apply]
 Calories Fat grams Carbohydrates Sugar Fiber
 Sodium Serving Size Don't pay attention to labels
 Other: _____
- Do you regularly consume alcoholic beverages? Yes No
If "YES," please explain: _____

12. Which behaviors need to be modified for you to achieve your health/weight goals? [Select top 5]

- Reduce calories
- Reduce portions
- More balanced diet
- Meal schedule (eating schedule)
- Make better choices at restaurants
- Cook more often
- Reduce sugar intake
- Reduce fat intake
- Reduce caffeine
- Reduce alcohol
- Increase fruit and/or veggies
- Increase whole grains
- Choose healthier snacks
- Other: _____

13. What are you hoping to accomplish while you're at H³? [Check all that apply]

- Develop an eating plan
- Reestablish healthy eating habits
- Learn new healthy cooking techniques or recipes
- Learn appropriate portion sizes
- Learn restaurant survival techniques
- Other: _____

FITNESS QUESTIONS

1. What sports or activities did you enjoy when you were younger? [Check all that apply]

- Walking
- Running
- Riding a bike
- Dancing
- Baseball
- Basketball
- Football
- Tennis
- Soccer
- Swimming
- Other: _____

2. Do you have any negative feelings toward, or have you had any bad experiences with, physical activity?

- Yes
- No

If yes, please explain: _____

3. What exercise, sport, or recreational activities have you participated in ... [Check all that apply]

In the past 6 months:

- Walking
- Running
- Bicycling
- Swimming
- Treadmill/elliptical
- Water exercise
- Dancing
- Tennis
- Golf
- Strength machines
- Free weights
- Fitball
- Kickboxing
- Yoga
- Resistance band
- Pilates
- Stretching
- Group fitness
- Other: _____

In the past 5 years:

- | | | | | |
|--------------------------------------|----------------------------------|-------------------------------------|--------------------------------|--|
| <input type="radio"/> Walking | <input type="radio"/> Running | <input type="radio"/> Bicycling | <input type="radio"/> Swimming | <input type="radio"/> Treadmill/elliptical |
| <input type="radio"/> Water exercise | <input type="radio"/> Dancing | <input type="radio"/> Tennis | <input type="radio"/> Golf | <input type="radio"/> Strength machines |
| <input type="radio"/> Free weights | <input type="radio"/> Fitball | <input type="radio"/> Kickboxing | <input type="radio"/> Yoga | <input type="radio"/> Resistance band |
| <input type="radio"/> Pilates | <input type="radio"/> Stretching | <input type="radio"/> Group fitness | | |
| <input type="radio"/> Other: _____ | | | | |

If no longer participating, why not? _____

4. What aerobic exercise are you currently doing? [Check all that apply]

- None
- Walking _____ minutes per day, _____ days/week
- Running _____ minutes per day, _____ days/week
- Biking _____ minutes per day, _____ days/week
- Swimming _____ minutes per day, _____ days/week
- Dancing _____ minutes per day, _____ days/week
- Other: _____

5. What strength training exercise are you currently doing? [Check all that apply]

- None
- Machines _____ days/week
- Free weights _____ days/week
- Resistance bands _____ days/week
- Combination of free weights and machines _____ days/week
- Other: _____

6. What barriers make it difficult to exercise consistently? [Check all that apply]

- | | |
|--|--|
| <input type="radio"/> Lack of time | <input type="radio"/> I don't enjoy exercising |
| <input type="radio"/> Lack of motivation | <input type="radio"/> Pain or discomfort |
| <input type="radio"/> Weather | <input type="radio"/> Work schedule |
| <input type="radio"/> Travel frequently | <input type="radio"/> Family responsibilities |
| <input type="radio"/> Lack of access to facilities | |
| <input type="radio"/> Other: _____ | |

7. What activities interest you (check all that apply)?

- | | | | | |
|--------------------------------------|----------------------------------|-------------------------------------|--------------------------------|--|
| <input type="radio"/> Walking | <input type="radio"/> Running | <input type="radio"/> Bicycling | <input type="radio"/> Swimming | <input type="radio"/> Treadmill/elliptical |
| <input type="radio"/> Water exercise | <input type="radio"/> Dancing | <input type="radio"/> Tennis | <input type="radio"/> Golf | <input type="radio"/> Strength machines |
| <input type="radio"/> Free weights | <input type="radio"/> Fitball | <input type="radio"/> Kickboxing | <input type="radio"/> Yoga | <input type="radio"/> Resistance band |
| <input type="radio"/> Pilates | <input type="radio"/> Stretching | <input type="radio"/> Group fitness | | |
| <input type="radio"/> Other: _____ | | | | |

8. I prefer to exercise:

- alone with others in a group class varies

9. I prefer to exercise:

- indoors outdoors both

10. I have access to: [Check all that apply]

- | | | |
|--|-------------------------------------|-----------------------------------|
| <input type="radio"/> Fitness/health club | <input type="radio"/> Bicycle path | <input type="radio"/> Pool |
| <input type="radio"/> Running/walking path | <input type="radio"/> Tennis courts | <input type="radio"/> Golf course |
| <input type="radio"/> Other: _____ | | |

11. Choose your top 3 fitness goals:
- | | |
|---|--|
| <input type="radio"/> Lose weight or body fat | <input type="radio"/> Improve cardiovascular fitness |
| <input type="radio"/> Improve performance for a sport | <input type="radio"/> Improve mood |
| <input type="radio"/> Manage stress | <input type="radio"/> Increase strength |
| <input type="radio"/> Improve flexibility | <input type="radio"/> Increase energy |
| <input type="radio"/> Feel better | <input type="radio"/> Look better |
| <input type="radio"/> Enjoyment | <input type="radio"/> Other: _____ |
12. What do you want to accomplish while you're at H³? [Check all that apply]
- Start a new fitness program
 - Re-establish a fitness routine
 - Try new activities
 - Kick it up a notch
 - Get past a plateau
 - Have fun
 - Reduce stress
 - Other: _____

SELF QUESTIONS

1. Who is in your household? [Check all that apply]
- Spouse
 - Children How many? _____ Ages _____
 - Other relatives
 - Pets
 - Other: _____
2. What responsibilities do you juggle? [Check all that apply]
- Work
 - House work
 - Child care
 - Attending children's activities (e.g., lessons, sporting events)
 - Volunteer work
 - Taking care of an elderly or sick relative
 - Taking care of pets
 - Other: _____
3. Have you experienced any major life events within the past year? [Check all that apply]
- Marriage Pregnancy Career change Moved Death of a loved one
 - Divorce Major illness or injury
 - Other: _____
4. What other barriers make it difficult to focus on taking care of yourself?
- _____
- _____
- _____
5. Do you sleep well? Yes No
6. How many hours of sleep per night do you average? _____

7. What needs attention in your life? [Select top 3]
- Reduce stress Sleep/rest Self care Emotional eating
 Relationships Fun/play "Me" time Work/life balance
 Other: _____

8. What do you hope to accomplish while you're here? [Check all that apply]
- Reduce stress Quit smoking Feel better Manage a specific health condition
 Lose/manage weight Improve self esteem and/or body image
 Adopt a healthy lifestyle Other: _____

MEAL QUESTIONS

H³ NUTRITION

To help our Chef prepare the daily menu, we ask that our guests make a choice of meal plans prior to arrival. The H³ Meal Plan includes meat, poultry and seafood. We also offer a vegetarian option. This Vegetarian Meal Plan is well-balanced, tasty, and fits well within the context of our nutritional program.

Please select the option you wish to follow while at Hilton Head Health:

- H³ Meal Plan
 Vegetarian Meal Plan (please specify)
 Vegetarian (no meat, no fish, no poultry = no MFP)
 Semi-vegetarian (no meat, no poultry, yes fish)
 Vegan (no MFP, no eggs, no dairy)
 Lacto vegetarian (no MFP, no eggs)
 Ovo vegetarian (no MFP, no dairy)

Do you have any food allergies? (Please check all that apply)

- Soy
 Wheat
 Nuts
 Tofu
 Tempeh
 Shellfish
 Salmon
 Tuna
 Pork
 Dairy
 Other: _____

ACCOMMODATIONS

I understand that all villas are located within two miles of Hilton Head Health in a gated community, Shipyard Plantation. I further understand that no requests for location of accommodations will be acknowledged by Hilton Head Health.

I also understand that all villas are non-smoking. I acknowledge that a fee of \$350 will be added to my account for smoking in the villa.

ASSUMPTION OF RISK

I understand that parts of the Hilton Head Health program may be physically and emotionally demanding. I also understand that participation in all elements of the Hilton Head Health program is elective and that it is possible that these activities may result in physical problems. I understand that, as a guest, I assume the risk of injury during those activities in which I choose to participate. I further understand that Hilton Head Health is not a medical facility and does not provide medical services. I acknowledge that, based on my PAR-Q results and risk factor status, Hilton Head Health may have recommended that I consult with a physician prior to my participation in this program. To the best of my knowledge, I have disclosed all relevant health information and affirm that I have carefully read and understand the questions. All of my questions have been answered to my satisfaction.

Signature _____ Date _____

HILTON HEAD HEALTH
14 VALENCIA ROAD
HILTON HEAD ISLAND, SC
29928

P 800.292.2440

F 843.686.5659

E getinspired@hhhealth.com

WWW.HHEALTH.COM