Full Fill Your Life Retreat 2011

Application

Name: _____
Address: _____City: _____
State: _____ Zip: _____
Ph. Home: _____ Cell: _____Wk.: _____
E-mail: _____ Date of Birth: _____
Age: _____ Height: _____ Weight: _____ Sex: _____

Heath History

Have you had or do you have: (check all that apply)

__ Rheumatic fever
__ Thrombophlebitis
__ Angina / Chest pain
__ High Cholesterol
__ Abnormal Electrocardiogram
__ Fixed rate pacemaker
__ Heart Medications
__ Irregular Heart Beat
__ High Blood Pressure
__ Respiratory Infections
__ Diabetes
__ Varicose Veins
__ Heart Attack
__ Heart Murmur
__ Asthma
__ Disease of Arteries
__ Embolism
__ Stroke
__ Valve Disease
__ Rapid Heart Beat
__ Low Blood Pressure
__ Aneurysm
__ Anemia
__ Epilepsy

Has your Physician ever advised you against exercise?
Yes_____ No _____ If yes,
Why?_____
_____
_____
_____

Do you have any of the following conditions that may limit your physical activity? (Check all that apply)

__ Arthritis
__ Shoulder / clavicle injury
__ Arm / elbow injury
__ Calcium deposits
__ Upper back injury
__ Bone fracture
__ Hip / pelvic injury
__ Other, please
__ Ankle / foot injury
__ Low back pain
__ Knee thigh injury
__ Nerve damage
__ Head /neck injury
__ Wrist hand injury
__ Tennis elbow

Explain_____
_____
_____
_____

Are you presently receiving physical therapy?
____ Yes ____ NO

Have you or any of your relatives had one of the following? (Check all that apply)
__ Heart disease
__ Heart operations
__Congenital heart disease
__ Diabetes Mellitus
__ Stroke
__ High blood pressure
If yes, note relationship and age:
_____
_____
_____
_____

Are you presently taking any medications?
___Yes ___No If yes, please list names and dosages:
_____
_____
_____

What was your weight one year ago? _____
Five years ago? _____ At age 21? ____

Are you currently on a weight loss and / or exercise program?
____Yes ___No
If **yes, please describe**:
_____
_____
_____

List all weight loss and / or exercise programs you have tried.
A_____
B_____
C_____

Did you lose weight? A.) ___Yes ___No B.) ___Yes ___No C.) ___Yes ___No
If yes, how much? A.)_____ B.)_____ C.)_____
How long did it take to lose that much weight? A.)_____ B.)_____ C.)_____
How long did you maintain the weight loss? A.)_____ B.)_____ C.)_____
Why do you think it failed? A.)_____
B.)_____C.)_____

Do you smoke? ___Yes ___ No
If yes, how much per day? _____

When did you start smoking? _____ If you stopped, when?
_____

Do you use recreational drugs? _____
If yes,what and how much per day?
_____
_____

When exercising, including climbing stairs, do you ever experience any of the following? (Check all that apply)

__ Chest pains
__ Pressure over the heart
__ Leg aches
__ Shortness of breath
__ A tired out feeling
__ Dizziness

How would you rate the stress level of your job?
__ Very little __ Moderate __ Stressful

Have you ever had a stress test? ___ Yes ___ NO

Have you ever consider surgery for weight loss? ___ Yes ___ No
If yes, please describe:
_____
_____
_____

Mental Health

What do you think are the psychological reasons you are overweight?
_____
_____
_____

Have you had previous psychotherapy? If so,with whom?
_____
_____

What did you learn about yourself?

_____
_____

What did you change about your life?

_____
_____

What motivates you?

_____
_____

What discourages you?

_____
_____

If you are chosen for the Full Fill Your Life Retreat what changes do you plan to make?

Regarding you:

_____
_____
_____

In relation to others:

_____
_____
_____
_____

In relation to health:

_____
_____
_____

Tell us why you think you should be chosen for this retreat.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Consent to participate:

I understand that I have voluntarily applied for the Full Fill Your Life Retreat. If I am chosen I agree to participate in daily psychotherapy sessions; workout 5 hours per day, for 6 days. I agree to maintain both a written and a possible video journal. I understand that portions of my journals may be used.

_____
Full Fill Your Life contestant name in print

_____
Full Fill Your Life contestant signature

_____
Date