



Boston, Southeastern Massachusetts and Cape Cod
Private In-Home Wellness Specialists

YOUR sLIFE ASSESSMENT

sLIFE Assessment

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Boston Location
1678 Beacon Street
Brookline, MA 02445

1-877-728-4634
E-mail: info@SatinWellness.com

Cape Cod Location
P.O. Box 1140
Mashpee, MA 02649

Welcome

You have chosen to investigate ways in which you can become healthier and increase your wellness.

Satin Wellness is the leading private mobile health and wellness company in Massachusetts. For more than 20 years we have been helping people to overcome health challenges. Our Specialists work with clients in their homes or offices. We make it easy for you to achieve your goals by coming to you in the privacy of your own home at a time that is convenient for you.

We expect our clients to be committed, work towards their goals, and communicate with us regularly and to enjoy their workouts.

This is your **sLIFE** Wellness Assessment. Be honest when answering the questions and patient while our Wellness Specialist takes you through the necessary evaluation. Your answers and wellness assessment help us to create a program that works with your strengths and strengthens your weaknesses.

We look forward to being your health and wellness partner.

Our Promise

We promise to provide you a professional, courteous, experienced and supportive Wellness Specialists.

Mission Statement

Satin Wellness fosters the belief that wellness is the balance of life, job, stress, children, family, health issues and to shoe horn movement into your life. Our Wellness Specialists are dedicated to helping you reach your balance of wellness through focused, quiet, safe and individualized movement.



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What is sLIFE?

We call it a good day when things just feel right. These are usually days when life's twists and turn, issues and challenges, happiness and joy are in balance. Why not feel this way more often?

Satin Wellness created **sLIFE** to help clients maintain a healthy balance, to assist in filtering out the noise and bringing wellness into your life. Satin Wellness believes that health and wellness requires a balanced approach to living. We developed **sLIFE** - Satin Life In Focus Exercise as a means of gently guiding our clients to a lifetime of balanced living. You may have a simple or complex goal but everyone's goal is better served with a focused and balanced approach. That's sLIFE.

sLIFE teaches you to focus, organize and prioritize your life to accept health, wellness and movement as a part of life. Our Wellness Specialists are certified and know how to help you do just that. Whether your goal is to walk better, stand straighter, develop healthier habits, reduce pain, increase the length of your golf shot or find a new you, **sLIFE** will help you reach your goals. Welcome to the world of being well.

What is the definition of wellness?

We define wellness as the balance of life, job, stress, children, family, significant other and finding time to "shoe horn" movement into your busy life. What about nutrition, strength, flexibility cardiovascular exercise?

We have to teach you how to fit it all in.

How do I proceed?

The next five pages of your **sLIFE** Assessment contain information about you, your personal health and family history. Please, complete all of the questions that are color coded **orange**. Once completed save the file onto your desktop and then send it to us at: info@satinwellness.com

No one else will see you **sLIFE** assessment but you and your Wellness Specialist.



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General Client Information

Name:
Address:
City:
Zip:
Full Time Residence (if applicable):
City:
State:
Zip:
Email Address/Website:
Home Phone: ()
Work Phone: ()
Mobile: ()
Date of Birth: / / 19
Age:
Height:
Weight:
Emergency Contact:
Phone #:
Date you can start training:
Children (How many & names):
Grandchildren (How many & names)
Miscellaneous information:
Hobbies:
Pant Size:
Shirt Size:
Dress Size:
Stress Level:
Occupation:

Doctor Information

Doctor's Name:
Address:
City:
State:
Zip:
Phone:
Fax:

Health and Wellness Questionnaire



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Current Habits:

	1 = Poor	2 = Fair	3 = Good	4 = Great	5 = Excellent
Overall daily diet?					
Breakfast meal (Skipped Breakfast = 1)?					
Noon meal (Skipped lunch = 1)?					
Dinner meal?					
Menu choices while dining out?					
Choices for between meal snacks?					
Daily fruit intake?					
Daily vegetable intake?					
Daily water intake?					
Exercise habits?					
Energy level?					
Daily activity level (sedentary 1 – 2, busy 4 – 5)?					
Body image of yourself?					
Self esteem level?					
Overall health status?					

Your desire to change habits:

	1 = None	2 = Slight	3 = Some	4 = Yes	5 = Very much
General Eating Habits					
Eating habit while dining out					
Snacking Habits					
Amount of daily water intake					
Daily exercise habits					

Check the barriers that keep you from either starting or maintaining an exercise program?

<input type="checkbox"/>	I am too tired at the beginning of the day
<input type="checkbox"/>	I am too tired at the end of the day
<input type="checkbox"/>	I know nothing about exercise/machines
<input type="checkbox"/>	I am intimidated at health clubs
<input type="checkbox"/>	Exercise hurts my joints/muscles
<input type="checkbox"/>	I hate to exercise
<input type="checkbox"/>	I do not have a good support system to keep me exercising
<input type="checkbox"/>	I am afraid and/or anxious about starting a program on my own
<input type="checkbox"/>	A health club is not easily accessible to my home/office
<input type="checkbox"/>	Other



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I am interested in learning more about:

	Not at all	Somewhat Interested	Very Interested	Extremely Interested
Strength training programs				
Pain relief				
Cardiovascular Programs				
Risk factors for heart disease				
Cholesterol				
Stress Management				

What type of weight loss or diets have you been involved with?

Diet	
Year	
Weight lost	
Weight returned	

Medical Diagnostics

	YES	NO	DATE
Annual Physical			
Rectal/Colon Screening			
Dermatological			
Gynecological			
Dental			
Other			

Medical History

	Yes	No	Type	Date of Diagnosis	Family members affected?
Alcoholism					
Anemic					
Arthritis					
Back Injuries					
Blood Pressure					
Cancer					
Cholesterol					
Circulatory Disease					
Diabetes/A1C?					
Drug Abuse					
Drug Allergies					
Epilepsy					
Eye Disease					
Gout					
Heart Attack					



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Heart Disease					
Hernia					
Major Illness					
Mental Disorder					
Muscle Injuries					
Neck Injuries					
Obesity					
Other					
Pregnant/Post partum					
Renal Disease					
Respiratory disease					
Surgeries					
Thyroid					

Have you ever experienced any of the following while walking, climbing stairs, working or exercising?

	YES	NO
Tight in the chest		
Pain in the shoulders		
Pain in the neck or jaw		
Pain in the back		
Inappropriate breathlessness		
Faintness		
Lightheadedness		
Confusion		
Calf pain promptly relieved by resting		
Dizziness		
Rapid Beatings		
Palpitations		

Indicate which medications you currently use?

	Hormones/birth control pills
	Sleeping pills/sedatives
	Tranquillizers
	Thyroid
	Aspirin
	Blood pressure medicine
	Heart Medicine
	Other



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If you are taking any medications, please list them below, giving the brand name or generic name, strength, and how often you are taking them. Please indicate any over the counter medications, if you are using them with any regularity (please also list all vitamins) and the doctor that prescribed the medications?

What are your goals? (Click inside the box and fill in your goals)

1.
2.
3.

What do you want to change about yourself through a fitness program?
(Click inside the box and fill in your goals)

1.
2.
3.

What are your priorities in improving your health and wellness?
(Check all that apply by clicking inside appropriate box)

<input type="checkbox"/>	Quit Smoking	<input type="checkbox"/>	Lose weight
<input type="checkbox"/>	Improve cardiovascular fitness	<input type="checkbox"/>	Gain weight
<input type="checkbox"/>	Build muscle strength	<input type="checkbox"/>	Minimize alcohol use
<input type="checkbox"/>	Increase physical flexibility	<input type="checkbox"/>	Cut down medication use
<input type="checkbox"/>	Increase overall muscle tone	<input type="checkbox"/>	Improve posture
<input type="checkbox"/>	Develop new recreational interests	<input type="checkbox"/>	Improve nutritional habits
<input type="checkbox"/>	Learn to cope better with responsibilities	<input type="checkbox"/>	Find healthy ways to relax

Other:



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What are the four most important body parts you want/need to change?

(Click inside the box and fill in body parts)

1	
2	
3	
4	

How many hours will I commit to your exercise program per week?

(Click inside the box and fill in amount of hours)

What is your Blood Pressure?

What does the Systolic number mean? Systolic or the top number, shows the pressure in your arteries when your heart is forcing blood through them.

What does the Diastolic number mean? Diastolic or the bottom number, shows the pressure in your arteries when your heart relaxes.

The top number can be anywhere from 90 to 240 and the bottom number can be anywhere from 60 to 140. Blood pressure is measured in millimeters of mercury, which is written down as: mmHg

Systolic: _____

Diastolic: _____

What is your Heart Rate?

How many beats per minute does your heart push blood throughout your body is measured in:

Beats per minute: _____



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How many steps will it take to reach my goals?

STEP 1: sLIFE Wellness Assessment

- **Stress, Strength, CV, Flexibility and Nutritional Evaluation**

STEP 2: Life or fitness skills evaluation and performance evaluation

STEP 3: Goal setting and Integration of Physical Assessment

STEP 4: Managing strength training, flexibility, continuous movement and nutrition as prescribed by your Satin Wellness Specialist

STEP 5: sLIFE – Satin Life In Focus Exercise

Satin Wellness Oath:

As a member of Satin Wellness I make a commitment to myself and to the goals I have set forth for myself. I understand and acknowledge that the time and effort I expect under the guidance of Satin Wellness will result in the attainment of these goals.

Signature: _____ **Date:** _____



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Liability Waiver

PLEASE READ ALL LIABILITY ISSUES CAREFULLY BEFORE SIGNING!

1. In consideration of being allowed to participate in the activities and programs of SATIN WELLNESS, Inc. and to use its equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge SATIN WELLNESS, Inc. and its officers, agents, associates, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damage resulting from my participation in any activities or my use of equipment or machinery in above mentioned activities. I do also hereby release all responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of SATIN WELLNESS, Inc. or the use of any equipment owned or used or received by SATIN WELLNESS, Inc..

(Please Initial:)

2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of all equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in the activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(Please Initial:)

3. I do hereby further declare myself to be physically sound and suffering no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as herein stated. I do hereby acknowledge that I have been informed of the need for physician's approval for my participation in a fitness/exercise or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and the use of exercise and training equipment so that I might have his/her recommendations concerning fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and the use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

(Please initial:)

Signature: _____ Date: _____, 2009

Print Name: _____



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PAYMENT OPTIONS

PLEASE READ ALL RULES AND PAYMENT OPTIONS CAREFULLY BEFORE SIGNING!

I will pay to SATIN WELLNESS a fee of:

- Per session: _____ Weekly: _____
- Monthly: _____ Annually: _____
- Gift Certificate #: _____
- Personal/Corporate Consulting Starting Date: _____
- Credit Card #: _____ exp: _____ csv: _____

Name: _____

Address: _____

Town/City: _____ State: _____

Zip Code: _____ - _____

Home phone: _____

Work phone: _____ Cell Phone: _____

Email/website: _____

REGULATIONS

All Satin Wellness clients will be charged for all appointments canceled or broken without 48 hour advanced notice.

Satin Wellness, Inc. may use your likeness in an advertisement, picture or video if allowed.

APPLICANTS SIGNATURE: _____ DATE: _____

MANAGEMENT SIGNATURE: _____ DATE: _____

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