# CS2 Client Screening

|  |  |
| --- | --- |
| Name |  |
| Email address |  |

## Assessment

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### Case Study

Read through the following case study assessment. You should reflect on your learning and your own research within this unit.

Prepare a response that responds to each of the issues presented therein. Your responses must reflect your knowledge, skills, and application for this unit.

**The following case study assessment will be assessing the following units of competency:**

* SISFFIT001 - Provide health screening and fitness orientation
* SISFFIT005 - Provide healthy eating information
* SISFFIT006- Conduct fitness appraisals
* SISXCCS001 - Provide quality service

There are 6 different clients in the following case study assessment. You will need to access pre-exercise screening tools for the first 4 clients in this assessment. These can be downloaded from the Case Study assessment section of CS2 in My eCampus.

The 6 clients contained in this assessment are:

1. Peter Sanders

2. Matilda Robson

3. Greg Hart

4. Sarah Mullins

5. Julian Ebert

6. Amani Bishara

### Client one – Peter Sanders

*Please download the pre-exercise screening tool for Peter Sanders from My eCampus prior to commencing this assessment.*

Peter is a new client of yours. You have completed a pre-exercise screening tool and lifestyle questionnaire with him. He has previously disclosed that he is diabetic and you have already received medical clearance from Peter’s General Practitioner for him to attend Personal Training sessions. Review the information below and answer the questions that follow.

#### Lifestyle Questionnaire

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Peter Sanders | Sex | Male |
| Address | 124 Address St, City, Orange 2121 | D.O.B. | 18/08/19XX **(56 years old)** |
| Tel | 0400 000 000 | Email | PeteS@mail.con |
| In case of emergency, whom can we contact? | | Maria Sanders 0400 000 000 | |
| Occupation: Please explain your position along with the physical and mental responsibilities involved.  Business owner | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| On a scale of 1 to 10 (1=not active, 10=very active), please rate how active you are on a daily basis. | | | | | | | | | | | | | | | | | | | | |
| 1 | | 2 | | | 3 | | 4 | | 5 | | 6 | | | | 7 | | 8 | 9 | | 10 |
| How many hours’ sleep do you get every day? | | | | | | | | | | | | | | 6hrs | | | | | | |
| Are you currently involved in any exercise program? If yes, please list the duration, what type of exercises, and what intensity you participate at.  Just walking low intensity | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | |
| Goal setting | | | | | | | | | | | | | | | | | | | | |
| Please list three fitness/health-related SMART goals | | | | | | | | | | | | | | | | | | | | |
| **Short** | | | | To meal plan every Sunday and to stick to my meal plan throughout the week | | | | | | | | | | | | | | | | |
| **Medium** | | | | To lose 5 kg in 12 weeks through healthy eating and exercise | | | | | | | | | | | | | | | | |
| **Long** | | | | To lose in total 10 kg in 6 months time through healthy eating and exercise | | | | | | | | | | | | | | | | |
| Where are you now in relation to your goal/s? | | | | | | | | | | | | | At the start | | | | | | | |
| What is the biggest challenge you must overcome in attaining your goal/s?  Preparing food and lack of knowledge | | | | | | | | | | | | | | | | | | | | |
| On a scale of 1 to 10 (1=not committed, 10=very committed), please rate how committed you are to achieving your goal/s. | | | | | | | | | | | | | | | | | | | |
| 1 | | 2 | | | 3 | | 4 | | 5 | | 6 | | | | 7 | 8 | | 9 | 10 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Training preferences | | | | | | |
| When do you prefer to exercise? | | | | | | |
| Before work | Lunch time | | Afternoon | | | Evening |
| How many days can you train per week? | | | | | | |
| 1–2 | 2–3 | | 3–4 | | | 4+ |
| How long per session can you train? | | | | | | |
| <30 minutes | | 30–45 minutes | | | 45–60 minutes | |
| What type of exercise do you enjoy or prefer? | | | | I am open to new exercises and activities | | |
|  | | | | | | |
| Do you follow, or have you recently followed any specific dietary intake plan and, in general, how do you feel about your nutritional habits?  I need advice on what to eat and how to meal plan | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| All information on this form is correct to the best of my knowledge. I have sought and followed any necessary medical advice. | | | | |
| Signature: | PSanders |  | Date: | 14/11/20XX |

#### Task 1a

Peter has provided you with a summary of his average eating habits and would like some dietary advice. You are aware that Peter has diabetes and as such you are not able to provide him with any specific nutritional advice. He has instead given you permission to draft a referral letter on his behalf to a local Accredited Practicing Dietitian.

You have decided to analyse Peter’s Food diary below to provide you with information to use on your referral letter. Refer to your learning materials or the Eat for Health website to determine the recommended number of serves of each food group that Peter should be consuming. Record this in the table below in the ‘Australian Dietary Guidelines’ column. Compare Peter’s current dietary intake with the Australian Dietary Guideline recommendations and make suggestions on how he can improve his diet.

|  |  |  |  |
| --- | --- | --- | --- |
| **Task 1a – Peters Sanders Food Diary Summary** | | | |
| **Australian Dietary Guidelines Food group** | **Client Intake**  **(number of servings per day)** | **Australian Dietary Guidelines (Recommended servings per day)** | **Recommendations**  **for improvement** |
| ***Example:*** | ***5 serves*** | ***2 serves*** | ***Decrease by 3 serves*** |
| **Vegetables, legumes, beans** | **2 serves** |  |  |
| **Fruit** | **1 serve** |  |  |
| **Grain (cereal) foods** | **7 serves** |  |  |
| **Meat, poultry fish, eggs, nuts, seeds** | **1 serve** |  |  |
| **Milk, yoghurt, cheese** | **1 serve** |  |  |
| **Discretionary** | **6 serves** |  |  |

#### Task 1b

You are required to complete a referral letter for Peter to send to a dietitian, *Mary Ramy* from *Dietitians are US*. Complete the missing information on the referral form below using information from Peter’s pre-exercise screening tool, lifestyle questionnaire and food diary.

Mary Ramy Date: 14/11/20XX

Dietitians are Us  
Orange, NSW 2121

**Client Referral**

Client name:

Client address: 124 Address St, City, Orange, 2121

Client DOB: 18/08/19XX

Dear Mary,

My client has presented to my facility with the following health and fitness goals:

|  |
| --- |
|  |

I have completed a pre-exercise screening tool, lifestyle questionnaire and food diary analysis with Peter. Based on these results I am requesting your guidance in relation to the following:

|  |
| --- |
|  |

I have included further information below regarding the health screening that I undertook with Peter.

|  |  |
| --- | --- |
| Current frequency of activity sessions/week |  |
| Current minutes of exercise/week in minutes |  |
| Intensity of activity |  |
| BMI |  |

Based on Peter’s goals I have prescribed an exercise program consisting of moderate-intensity resistance training sessions for 30 minutes a session, twice a week. I look forward to collaborating with you regarding this client.

Kind regards,

### Client 2 – Matilda Robson

*Please download the pre-exercise screening tool for Matilda Robson from My eCampus prior to commencing this assessment.*

Matilda is a new client of yours. You have completed a pre-exercise screening tool and a lifestyle questionnaire with Matilda. Review the information below and answer the questions that follow.

#### Lifestyle Questionnaire

|  |  |  |  |
| --- | --- | --- | --- |
| Name | *Matilda Robson* | Sex | *Female* |
| Address | *124 Address St, City* | D.O.B. | *1/01/19XX* ***(aged 60)*** |
| Tel | *0400 000 000* | Email | *tilly@mail.con* |
| In case of emergency, whom can we contact? | | *Edward Robson 0400 000 000* | |
| Occupation: Please explain your position along with the physical and mental responsibilities involved.  Part time primary teacher | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| On a scale of 1 to 10 (1=not active, 10=very active), please rate how active you are on a daily basis. | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | 9 | 10 |
| How many hours’ sleep do you get every day? | | | | | | *5hrs* | | | | |
| Are you currently involved in any exercise program? If yes, please list the duration, what type of exercises, and what intensity you participate at.  swim | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Goal setting | | | | | | | | | | | |
| Please list three fitness/health-related SMART goals | | | | | | | | | | | |
| **Short** | | | *To go to bed earlier by sticking to a night time routine so that I can get 7 hours sleep per night* | | | | | | | | |
| **Medium** | | | *To move up a grade in my swim fit class within the next 12 weeks* | | | | | | | | |
| **Long** | | | *To complete the 3 km ocean swim in 6 months* | | | | | | | | |
| Where are you now in relation to your goal/s? | | | | | | | | | | | |
| *To attend training without feeling excessive fatigue during and after the session* | | | | | | | | | | | |
| What is the biggest challenge you must overcome in attaining your goal/s? | | | | | | | | | | | |
| *Need help with food management and energy levels* | | | | | | | | | | | |
| On a scale of 1 to 10 (1=not committed, 10=very committed), please rate how committed you are to achieving your goal/s. | | | | | | | | | | |
| 1 | 2 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Training preferences | | | | | |
| When do you prefer to exercise? | | | | | |
| Before work | Lunch time | | Afternoon | | Evening |
| How many days can you train per week? | | | | | |
| 1–2 | 2–3 | | 3–4 | | 4+ |
| How long per session can you train? | | | | | |
| <30 minutes | | 30–45 minutes | | 45–60 minutes | |
| What type of exercise do you enjoy or prefer? | | | | | |
| *Swim,* | | | | | |
|  | | | | | |
| Do you follow, or have you recently followed any specific dietary intake plan and, in general, how do you feel about your nutritional habits?  *I need advice on what to eat as I follow a vegetarian diet and struggle to eat enough* | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| All information on this form is correct to the best of my knowledge. I have sought and followed any necessary medical advice. | | | | |
| Signature: | *MRobson* |  | Date: | *14/11/20XX* |

#### Task 2a

Matilda has provided you with a summary of her average eating habits. Refer to your learning materials or the Eat for Health website to determine the recommended number of serves of each food group that Matilda should be consuming. Record this in the table below in the ‘Australian Dietary Guidelines’ column. Compare Matilda’s current dietary intake with the Australian Dietary Guideline recommendations and make suggestions on how she can improve her diet.

|  |  |  |  |
| --- | --- | --- | --- |
| **Task 2a – Matilda Robson Food Diary Summary** | | | |
| **Australian Dietary Guidelines Food group** | **Client Intake (number of servings per day)** | **Australian Dietary Guidelines (Recommended servings per day)** | **Recommendations for improvement** |
| ***Example:*** | ***5 serves*** | ***2 serves*** | ***Decrease by 3 serves*** |
| **Vegetables, legumes, beans** | **3 serves** |  |  |
| **Fruit** | **2 serve** |  |  |
| **Grain (cereal) foods** | **3 serves** |  |  |
| **Meat, poultry fish, eggs, nuts, seeds** | **1 serve** |  |  |
| **Milk, yoghurt, cheese** | **1 serve** |  |  |
| **Discretionary** | **2 serves** |  |  |

#### Task 2b

Identify twomedical or allied health professionals OR fitness professionals whom you can refer Matilda to for guidance for the factors that are outside of your scope of practice.

In your answer, you will need to justify why you have chosen these professionals and what assistance they will be able to offer Matilda

|  |  |
| --- | --- |
| **Health Professional** | **Justification** |
|  |  |
|  |  |

#### Task 2c

Select below which health professional you have decided to refer Matilda to for dietary guidance and then complete the referral letter template provided. Ensure that you use all relevant information from Matilda’s pre-exercise screening tool, lifestyle questionnaire and food diary in your referral letter.

Chosen allied health or medical professional:

|  |
| --- |
|  |

Lewis Barker Date: 14/11/20XX

Rebalanced Health

321 Healthy St  
Orange, NSW 2121

**Client Referral**

Client name:

Client address: 101 Address St, City 2121

Client DOB: 1/01/19XX

Dear Lewis,

My client has presented to my facility with the following health and fitness goals:

|  |
| --- |
|  |

I have completed a pre-exercise screening tool, lifestyle questionnaire and food diary analysis with Matilda. Based on these results I am requesting your guidance in relation to the following:

|  |
| --- |
|  |

I have included further information below regarding the health screening that I undertook with Matilda. I have also attached a copy of Matilda’s food diary for your review.

|  |  |
| --- | --- |
| Current frequency of activity sessions/week |  |
| Current minutes of exercise/week in minutes |  |
| Intensity of activity |  |
| BMI |  |

Based on Matilda’s goals I have prescribed an exercise program consisting of moderate-intensity resistance training sessions for 30 minutes a session, once a week. I look forward to collaborating with you regarding this client.

Kind regards,

### Client 3 – Greg Hart

*Please download the pre-exercise screening tool for Greg Hart from My eCampus prior to commencing this assessment.*

Greg is a 60-year-old man who recently joined the gym and wants an exercise program written by you. He has completed a pre-exercise screening and lifestyle questionnaire. You are aware that Greg has hypertension which is being managed with medication. Greg’s General Practitioner has responded to your referral request and has given Greg clearance to exercise at a moderate intensity.

Review the information below and answer the questions that follow.

#### Lifestyle Questionnaire

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | *Greg Hart* | | Sex | *Male* |
| Address | *132 Address St, City* | | D.O.B. | *4/2/19XX (60 years old)* |
| Tel | *0400 000 001* | | Email | *ghart@mail.con* |
| In case of emergency, whom can we contact? | | Sarah Hart 0400 000 000 | | |
| Occupation: Please explain your position along with the physical and mental responsibilities involved.  Lawyer | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| On a scale of 1 to 10 (1=not active, 10=very active), please rate how active you are on a daily basis. | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | 10 |
| How many hours’ sleep do you get every day? | | | | | *6hrs* | | | | | |
| Are you currently involved in any exercise program? If yes, please list the duration, what type of exercises, and what intensity you participate at.  *stationary bike, resistance training* | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Goal setting | | | | | | | | | | | |
| Please list three fitness/health-related SMART goals | | | | | | | | | | | |
| **Short** | | | *Following the Australian dietary guidelines daily and monitoring this for the next 6 weeks* | | | | | | | | |
| **Medium** | | | *To complete a 10 km fun run/walk in 6 months time* | | | | | | | | |
| **Long** | | | *to complete a walking marathon charity event in 12 months time* | | | | | | | | |
| Where are you now in relation to your goal/s?  *I am making progress towards my fitness goals but require help with my nutrition* | | | | | | | | | | | |
| What is the biggest challenge you must overcome in attaining your goal/s?  *Eating well to support my training. I do not have much nutritional knowledge and I am not very interested in food preparation and planning* | | | | | | | | | | | |
| On a scale of 1 to 10 (1=not committed, 10=very committed), please rate how committed you are to achieving your goal/s. | | | | | | | | | | |
| 1 | 2 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Training preferences | | | | | |
| When do you prefer to exercise? | | | | | |
| Before work | Lunch time | | Afternoon | | Evening |
| How many days can you train per week? | | | | | |
| 1–2 | 2–3 | | 3–4 | | 4+ |
| How long per session can you train? | | | | | |
| <30 minutes | | 30–45 minutes | | 45–60 minutes | |
| What type of exercise do you enjoy or prefer?  *stationary bike, resistance training* | | | | | |
|  | | | | | |
| Do you follow, or have you recently followed any specific dietary intake plan and, in general, how do you feel about your nutritional habits?  *No I haven’t. I know I could use some help* | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: | *Greg Hart* |  | Date: | *14/11/20XX* |

#### Task 3a

Greg has provided you with a food diary. Refer to your learning materials or the Eat for Health website to determine the recommended number of serves of each food group that Greg should be consuming. Record this in the table below in the ‘Australian Dietary Guidelines’ column. Compare Greg’s current dietary intake with the Australian Dietary Guideline recommendations and make suggestions on how he can improve his diet.

|  |  |  |  |
| --- | --- | --- | --- |
| **Task 3a Greg Hart Food Diary Summary** | | | |
| **Australian Dietary Guidelines Food group** | **Client Intake (number of servings per day)** | **Australian Dietary Guidelines (Recommended servings per day)** | **Recommendations for improvement** |
| ***Example:*** | ***5 serves*** | ***2 serves*** | ***Decrease by 3 serves*** |
| **Vegetables, legumes, beans** | **3 serves** |  |  |
| **Fruit** | **1 serve** |  |  |
| **Grain (cereal) foods** | **6 serves** |  |  |
| **Meat, poultry fish, eggs, nuts, seeds** | **2 serve** |  |  |
| **Milk, yoghurt, cheese** | **1 serve** |  |  |
| **Discretionary** | **4 serves** |  |  |

#### Task 3b

After your discussion with Greg regarding his eating habits he mentions that he would benefit from a set meal plan. You have let him know that this is outside of your scope of practice but that you are able to refer him to an accredited practicing dietitian. Complete the referral template below using the relevant information from Greg’s pre-exercise screening tool, lifestyle questionnaire and food diary.

**Mary Ramy** Date: 14/11/20XX

Dietitians are Us

321 Healthy St  
Orange, NSW 2121

**Client Referral**

Client name:

Client address: 222 Address St, City 2121

Client DOB: 4/2/19XX

Dear Mary,

My client has presented to my facility with the following health and fitness goals:

|  |
| --- |
|  |

I have completed a pre-exercise screening tool, lifestyle questionnaire and food diary analysis with Greg. Based on these results I am requesting your guidance in relation to the following:

|  |
| --- |
|  |

I have included further information below regarding the health screening that I undertook with Greg. I have also attached a copy of his s food diary for your review.

|  |  |
| --- | --- |
| Current frequency of activity sessions/week |  |
| Current minutes of exercise/week in minutes |  |
| Intensity of activity |  |
| BMI |  |

Based on Greg’s goals I have prescribed an exercise program consisting of moderate-intensity resistance training sessions for 30 minutes a session, twice a week. I look forward to collaborating with you regarding this client.

Kind regards,

### Client 4 – Sarah Mullins

*Please download the pre-exercise screening tool for Sarah Mullins from My eCampus prior to commencing this assessment.*

Sarah is a 55-year-old who has been menopausal for the last couple of years and has been sedentary for most of her adult life. She recently joined the gym and is interested in signing up for personal training sessions. You have performed a pre-exercise screening and lifestyle questionnaire. Review the information below and answer the questions that follow below the lifestyle questionnaire.

#### Lifestyle Questionnaire

|  |  |  |  |
| --- | --- | --- | --- |
| Name | *Sarah Mullins* | Sex | *Female* |
| Address | *142 Address St, City* | D.O.B. | *1/11/19XX (55 years old)* |
| Tel | *0400 000 100* | Email | *SMullins@mail.com* |
| In case of emergency, whom can we contact? | | *Tom Mullins 0400 000 000* | |
| Occupation: Please explain your position along with the physical and mental responsibilities involved.  *Semi-retired* | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| On a scale of 1 to 10 (1=not active, 10=very active), please rate how active you are on a daily basis. | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | 9 | 10 |
| How many hours’ sleep do you get every day? | | | | | | *6hrs* | | | | |
| Are you currently involved in any exercise program? If yes, please list the duration, what type of exercises, and what intensity you participate at.  *Walking* | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Goal setting | | | | | | | | | | | | |
| Please list three fitness/health-related SMART goals | | | | | | | | | | | | |
| **Short** | | | *Lose 2 kg within the next 2 months through eating well and exercising 3 times a week for 30 minutes each at a moderate intensity* | | | | | | | | | |
| **Medium** | | | *Lose 5 kg within the next 6 months through eating well and exercising 3 times a week for 30 minutes each at a moderate intensity* | | | | | | | | | |
| **Long** | | | *Lose 20 kg within the next 2 years through eating well and exercising 3 times a week for 30 minutes each at a moderate intensity* | | | | | | | | | |
| Where are you now in relation to your goal/s? | | | | | | | | *At the start, need help with nutrition* | | | | |
| What is the biggest challenge you must overcome in attaining your goal/s?  *Need help with nutrition intake and with boosting metabolism* | | | | | | | | | | | | |
| On a scale of 1 to 10 (1=not committed, 10=very committed), please rate how committed you are to achieving your goal/s. | | | | | | | | | | | |
| 1 | 2 | | 3 | 4 | 5 | 6 | | 7 | 8 | 9 | 10 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Training preferences | | | | | |
| When do you prefer to exercise? | | | | | |
| Before work | Lunch time | | Afternoon | | Evening |
| How many days can you train per week? | | | | | |
| 1–2 | 2–3 | | 3–4 | | 4+ |
| How long per session can you train? | | | | | |
| <30 minutes | | 30–45 minutes | | 45–60 minutes | |
| What type of exercise do you enjoy or prefer?  *Walking* | | | | | |
|  | | | | | |
| Do you follow, or have you recently followed any specific dietary intake plan and, in general, how do you feel about your nutritional habits?  *No* | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| All information on this form is correct to the best of my knowledge. I have sought and followed any necessary medical advice. | | | | |
| Signature: | *Sarah Mullins* |  | Date: | *14/11/2017* |

#### Task 4a

Sarah has provided you with a food diary. Analyse the dietary information provided below in the ‘client serves’ column of the table and compare this to the Eat for Health recommended number of serves. Provide recommendations below on how she can improve her diet to meet the Australian Dietary Guidelines.

|  |  |  |  |
| --- | --- | --- | --- |
| **Task 4a Sarah Mullins Food Diary Summary** | | | |
| **Australian Dietary Guidelines Food group** | **Client Intake (number of servings per day)** | **Australian Dietary Guidelines (Recommended servings per day)** | **Recommendations for improvement** |
| ***Example:*** | ***5 serves*** | ***2 serves*** | ***Decrease by 3 serves*** |
| **Vegetables, legumes, beans** | **3 serves** |  |  |
| **Fruit** | **1 serve** |  |  |
| **Grain (cereal) foods** | **2 serves** |  |  |
| **Meat, poultry fish, eggs, nuts, seeds** | **2 serves** |  |  |
| **Milk, yoghurt, cheese** | **1 serve** |  |  |
| **Discretionary** | **1 serve** |  |  |

#### Task 4b

During the screening process Sarah mentions that she is going through menopause and that she thinks that this is impacting her ability to lose weight. She would like further information on how menopause can affect metabolism. She would also like specific guidance regarding weight loss and her diet. You mention to Sarah that this is outside of your scope of practice but that you will happily refer her to see an accredited practicing dietitian.

Complete the referral template below using the relevant information from Sarah’s pre-exercise screening tool, lifestyle questionnaire and food diary.

**Mary Ramy** Date: 14/11/20XX

Dietitians are Us

321 Healthy St  
Orange, NSW 2121

**Client Referral**

Client name:

Client address: 222 Address St, City 2121

Client DOB: 1/2/19XX

Dear Mary,

My client has presented to my facility with the following health and fitness goals:

|  |
| --- |
|  |

I have completed a pre-exercise screening tool, lifestyle questionnaire and food diary analysis with Sarah. Based on these results I am requesting your guidance in relation to the following:

|  |
| --- |
|  |

I have included further information below regarding the health screening that I undertook with Sarah. I have also attached a copy of her food diary for your review.

|  |  |
| --- | --- |
| Current frequency of activity sessions/week |  |
| Current minutes of exercise/week in minutes |  |
| Intensity of activity |  |
| BMI |  |

Based on Sarah’s goals I have prescribed an exercise program consisting of low/moderate-intensity resistance and cardiovascular training sessions for 30 minutes a session, twice a week. I look forward to collaborating with you regarding this client.

Kind regards,

### Client 5 – Julian Ebert

Julian is a semi-retired professional who recently joined the fitness facility. You are aware that this is Julian’s first time in a gym and that he has very limited exercise knowledge. You have noticed that Julian has been attending the facility in the afternoon peak periods and that, the last two times, he has left in a hurry and appeared frustrated.

You access Julian’s program card and observe that he has not once completed all of the exercises in his program. You suspect that he has been unable to complete his program because the equipment that he required was already in use by another member.

You approach Julian the next time he attends the facility to discuss his program and to offer your assistance.

1. Identify three communication strategies that you could implement while talking to Julian regarding your observations.

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As you begin the conversation, Julian raises his voice and confirms your suspicions that he has not been able to access all of the equipment needed for his program. Julian raises a point that he believes the gym is overcrowded all of the time. Based on this comment you realise that Julian is not aware that the gym is quieter during mid-morning, lunch time, and early afternoon.

2. Identify one way you appropriately could respond to Julian when he raises his voice.

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3. Identify two possible solutions from the information given that will allow Julian to complete a full body program without needing to wait for equipment.

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4. Julian is appreciative that you took the time to proactively support him and find a resolution. Provide the steps you would take to record the scenario and its resolution under client management.

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### Client 6 – Amani Bishara

1. You have been approached by a potential new client Amani. She is new to the gym and would like some information on how Personal Training can help her to reach her training goals. List below some questions that you could ask Amani to determine:

* Her exercise history
* What exercises that she likes and dislikes
* What fitness goals she has

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2. Explain to Amani the benefits of both cardiovascular exercise and resistance training

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3. During your screening process with Amani you learn that due to her religion she follows a diet that is different to your own. There are foods that she has excluded from her diet and she undertakes fasting at times.

* How can you show sensitivity to Amani’s choices?
* Can you modify the Australian Dietary Guidelines recommendations to suit Amani’s specific diet? If not how can you further assist Amani with dietary advice?

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4. You have now completed your meeting with Amani in which you discussed her diet. Do you need to keep the copy of her food diary and the recommendations that you made?

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5. Amani has now been training with you for 6 months. You have just completed a reassessment and found that she has made substantial improvements in her muscular endurance and cardiovascular fitness. She has now reached all of the initial goals that she had set and she has mentioned that she would like to challenge herself but isn’t sure how. What should you do now to ensure that Amani’s new program is suited to her fitness needs and also meets her expectations?

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