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Adolescent Weight Management Program. Registration Form

Please complete this application form and return to:

Dr Katie Suriano
Vitalogy Exercise Physiology
PO Box 1021, West Perth 6872
Fax : 08 9226 0463
katie@vitalogy.net.au

Child/ Adolescent details:

Name: _____

Age: _____ Date of Birth: _____ Gender: M / F

Weight (approx) _____ kg Height (approx) _____ cm

Contact details

Home address _____

Phone: 1. _____ (Preferred)
2. _____ (Alternative)

Email: _____

Are you aware, through your own experience or your Doctor's advice, of any other reason why your child/ adolescent should not exercise without medical approval?

How did you hear about us? _____

Full 8-week program includes:

- A comprehensive initial and post-program consultation with an Exercise Physiologist, including assessment of lifestyle, nutrition, physical activity and fitness
- 2 supervised 45-minute group exercise sessions each week, prescribed and supervised by an Exercise Physiologist
- Two nutritional information sessions with a Dietitian
- Two behavioural modification information sessions with a Psychologist
- A home-based exercise program to continue at home

Payment of \$580 is required at Initial Consultation (EFT/ credit card/ cash).

The program fee is only refundable, on a pro rata basis, with the provision of a medical certificate. The pro rata date will be determined by the injury date stipulated on the medical certificate.