



## The Genesis Programme: Integrated Fitness for Mind & Body

### What it is:

Genesis provides a balanced approach to fitness, integrating personal training, nutrition and life coaching - all under one roof. We believe that optimal health is relevant to both **mind** and **body**, and that these must be considered collectively to gain long lasting results.

### What it comprises:

The core components of the Genesis approach are:

- Life Coaching - for Mental Fitness
- Personal Training and Bodywork Therapies - for Physical Fitness
- Nutrition – the fuel for both Mental and Physical Fitness

After an initial consultation to understand your goals and motivations, your coach will work with you to design a bespoke programme of sessions across the different areas. The coach liaises closely with the team of practitioners as your programme unfolds. Emphasis is on both the short term improvements to health as well as longer term lifestyle improvement. Regular reviews with your coach ensures you remain on-track. By coming to Genesis you benefit from the breadth of skill and knowledge of an experienced team rather than a single trainer or practitioner.

### What we offer at Genesis:

**Life Coaching** – Achieving results through guided goal setting and motivation wherever the client is at. Coaching is about enabling you to make change and sits at the centre of the Genesis Programme. It is applicable to a wide range of personal and relational situations such as changing lifestyle habits, overcoming barriers to change, coping with change, managing work-life balance and dealing with stress.

**Personal Training** – Personal fitness training developed around the specific needs of the individual. Delivery of expert technical training programmes, strength and conditioning and rehabilitation programmes, both for the serious sportsperson as well as those getting into fitness for the first time. We offer one to one personal fitness training, small group training sessions, rehabilitative exercise sessions (physiotherapy). We also offer yoga and pilates classes and educational talks on aspects of performance and healthy living.

**Bodywork Therapies** – A range of hands-on treatments to help re-set and re-align the body: Physiotherapy for injury treatment and rehabilitation, postural assessment. Deep tissue and sports massage to aid recovery within a sports specific training programme, and improve flexibility. Reflexology and relaxation massage to boost the immune system, reduce tension/pain, and clear the mind.

**Nutrition** – Personalised one-on-one assessments of nutritional gaps and shortcomings with actionable programmes to deliver on your health goals. These include specific programmes for: losing weight, managing stress, pre and post natal, increasing energy levels and general vitality as well as supporting and managing more complex health issues such as autoimmune disorders, hormonal imbalances and heart conditions. Advice will also be given on bespoke nutritional testing, which can determine allergies, food intolerances and any other nutritional deficiencies.

You may like to keep a record of your Genesis schedule and any homework or pre-work required before your next session....

DATE	SESSION	HOMEWORK / NOTES	BY WHEN

## CONSULTATION FORM

To help us to help you, we need to know a little about you. Please complete the questions on the following pages and bring this form with you to your first consultation. Hopefully you will find this process as useful as we will. All information recorded is kept in strictest confidence by Genesis.

### SECTION A: ABOUT YOU

<b>Name:</b>	<b>Today's Date:</b>
<b>Date of Birth:</b>	<b>Age:</b>
<b>How did you hear about Genesis Mind and Body?</b>	

<b>Primary reason for contacting Genesis:</b>	<b>Anything else you'd like to find out about?</b>

<b>Occupation:</b>	<b>Physical demands of job?:</b> <i>(1=sedentary, 10=very active)</i>
<b>No. hrs seated per day:</b>	<b>Have you had your work station ergonomically set-up?</b> <b>Yes / No</b> <i>(please circle)</i>
<b>How else do you typically spend your time e.g. any other hobbies?</b>	<b>Physical demands of hobbies:</b> <i>(1=sedentary, 10=very active)?</i>

## SECTION B: MIND (LIFE COACHING)

1. For each of the following questions rate how satisfied you are today on a scale of 1 (completely dissatisfied) to 5 (completely satisfied).

My outlook on life in general	1	2	3	4	5
My general state of being (eg happy, relaxed, anxious)	1	2	3	4	5
Feeling good about myself	1	2	3	4	5
Generally knowing where I am going in life	1	2	3	4	5
My ability to learn and develop	1	2	3	4	5
My ability to concentrate on the tasks I have to do	1	2	3	4	5
My personal motivation levels	1	2	3	4	5

2. Please rate the following statements on a scale of 1-4 in terms of how they are most like me (4) or least like me (1):

- ☐ I learn best by 'doing', I prefer to dive straight in.
- ☐ I learn best when given time to observe and reflect.
- ☐ I learn best by understanding how I can use this elsewhere.
- ☐ I learn best by understanding the science behind it.

3. In the box below you are going to identify those behaviours that are most characteristic of you by rating each on a scale of 1-4. In each row assign 4 points to the behaviour that is most characteristic of you; assign 3 points to the next most characteristic behaviour, then 2, and finally 1 point to the behaviour that is least characteristic of you.

Example:     3 Directing     4 Influencing     1 Steady     2 Cautious

Total the numbers in each of the four columns. When all four columns are added together they will equal 50.

Column 1	Column 2	Column 3	Column 4
___ Directing	___ Influencing	___ Steady	___ Cautious
___ Decisive	___ Optimistic	___ Patient	___ Restrained
___ Daring	___ Enthusiastic	___ Stabilising	___ Analytical
___ Competitive	___ Talkative	___ Accommodating	___ Precise
___ Forceful	___ Charming	___ Easygoing	___ Curious
___ Total	___ Total	___ Total	___ Total

## SECTION C: BODY (PERSONAL TRAINING & BODYWORK THERAPIES)

1. How much unbroken sleep do you typically get each night? \_\_\_\_\_Hrs

2. Are you a smoker (now or last 6 months)?

3. What types of physical exercise do you typically do in the week?

4. For each of the following questions rate how satisfied you are today on a scale of 1 (completely dissatisfied) to 5 (completely satisfied).

My energy Levels	1	2	3	4	5
Absence of pains, headaches, tension	1	2	3	4	5
Feeling relaxed	1	2	3	4	5
Physically managing all the things I want to do	1	2	3	4	5
My overall health and well-being	1	2	3	4	5

5. What does physical fitness look or feel like to you?

6. Do you have any specific health or fitness goals?

7. Have you worked with a Coach or Personal Trainer before?

8. Have you received any Bodywork Therapies in the past (eg physio, massage, osteopathy etc)?

## SECTION D: FUEL (NUTRITION)

1. How many glasses of the following do you tend to drink each day?

- ☐ Water (including fruit/herbal teas)
- ☐ Fruit juice or sugar drinks
- ☐ Teas / coffees
- ☐ Alcohol units

2. How many portions of the following food items do you tend to eat each day?

- ☐ Vegetables
- ☐ Fruit
- ☐ Chocolate bars
- ☐ Pastry / biscuits
- ☐ Meat
- ☐ Fish
- ☐ Legumes / pulses

3. Do you adhere to any dietary restrictions? *Eg vegetarian, dairy-free. diabetic*

4. Are you aware of any intolerances or food allergies?

5. Do you notice any mood or energy level changes associated with what you eat?

6. How stable is your weight usually?

7. How good do you feel your knowledge is of nutrition? *(please tick)*

- ☐ I know very little.
- ☐ I have a basic understanding of what is good and bad for me.
- ☐ I take a keen interest in reading about nutrition
- ☐ I have studied nutrition to an in depth level.

Any additional information you would like us to know about you before we begin....?

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**DECLARATION:**

I declare that I have answered all the questions truthfully, comprehensively and to the best of my ability. I am happy for this information to be shared amongst the Genesis team to ensure I receive appropriate instruction and education.

**Signed:**.....

**Date:**.....

**Print Name:**.....

**Genesis Coach:** .....**Date:** .....

**Print Name:** .....