



# PFC • Performance Fitness Concepts

Your Ultimate Resource for Optimum Health  
*Premium Supplements • Metabolic Nutrition • Fitness Training*

## WELCOME TO PFC!

In our 20 years of designing individual nutrition programs, people say that no one knows nutrition like PFC! The mystery lies in the combination of foods - it's different for everyone. The solution: **metabolic nutrition**. The experts at PFC know metabolic nutrition and metabolic typing. By identifying how your body uses food for energy, we unlock the secret combination of foods that work most efficiently for you, whatever your health goals.

Many people don't realize that nutrition impacts whatever you do, each minute of every day. Ultimately, nutrition provides the fuel that determines what you can and cannot do – your mental and physical performance. That's why metabolic nutrition lies at the core of our program. Our nutritionists take a look at your lifestyle, stress levels, and health history, plus evaluate your lipid profile in order to get to know what's right for you. Your nutrition program is truly individualized, based on how efficiently your body uses different foods for energy.

Nutrition is just part of the puzzle. For optimum health, your body needs exercise, too. Did you know that the combination of exercise for attaining ultimate fitness in the least amount of time also depends upon your metabolic type? Some people get results devoting more time to cardiovascular conditioning while others should focus on weight training.

PFC provides the education you need to optimize your health. With this information, you can take charge of your health, nutrition, fitness, and mental well-being. Anyone who works with us knows about our commitment to guiding each client towards optimum health through personalized nutrition, supplementation, and exercise programs.

Optimize your health! Access the combined knowledge of our nutrition and fitness staff.

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### *Why integrate PFC programs into your life?*

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- Lose body fat.
- Build strength and preserve lean muscle.
- Reduce “bad” cholesterol (LDL) levels.
- Minimize risk of cardiovascular and many other diseases.
- Stabilize blood sugar.
- Enhance mental acuity.
- Maintain high energy levels.
- Boost immunity.
- Optimize health!



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## SERVICES

### **NUTRITION**

- ✓ Personalized Nutrition Programs
- ✓ Metabolic Assessment
- ✓ Total Cholesterol and Full Lipid Profile
- ✓ Glucose Testing
- ✓ Body Composition Testing

### **EXERCISE**

- ✓ Personalized Exercise Programs
- ✓ Exercise Testing and Fitness Evaluation
- ✓ Certified Personal Training
  - Including:
  - Multi-Angular Training
  - Stability Training
  - Cardio Vascular Training
  - Exercise Specific Training
  - Rehabilitation Training



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## BENEFITS

After an extensive survey of our clients, 95% reported that Fitness Concepts' programs exceeded their expectations and that their money was well spent. Listed below are some of the major benefits our clients have received as a result of our programs

- Increased energy
- Greater productivity in the workplace
- Consistent energy levels throughout the day
- Increased clarity and effectiveness
- Reduction in employee sick days
- Decrease health risk
- Increased metabolic efficiency
- Elimination of sugar cravings
- Loss of body fat
- Increase muscle mass
- Improved Posture
- Increased self-esteem and self-worth

Our programs also impact individual's medical conditions such as:

- Diabetes
- Hypoglycemia
- High Cholesterol
- Heart Disease
- IBS
- ...and many more



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## HOW OUR PROGRAM IS STRUCTURED

### INITIAL VISIT (1 hour)

**\$695.00**

- Blood lipids and glucose tested and evaluated
- Family health history evaluated
- Personal health history evaluated
- Height, weight, lean muscle mass and body fat percentage determined
- Current medical and fitness condition evaluated
- Blood pressure assessment
- Lifestyle evaluated
- Personal fitness and nutrition goals established

### SECOND VISIT (1 hour)

**\$420.00**

- Personalized nutrition and exercise program presented and explained
- Clients to keep track of their foods including: food intake, eating times, energy levels, sleep patterns, digestion, etc.
- Based on report of finding from the initial visit, individualized stretching and rehabilitative program developed.

### WEEKLY FOLLOW UP VISITS (1/2 hour)\*

**\$110.00**

- Weight and body fat percentage taken
- Weekly food intake and energy levels evaluated
- Foods adjusted as metabolic efficiency and body composition change
- On-going coaching provided based on how you "communicate" with food in your life

Exercise programs and training protocols modified as overall wellness improves

\*Lipid profile additional when applicable

**\$45.00**

Signature\_\_\_\_\_

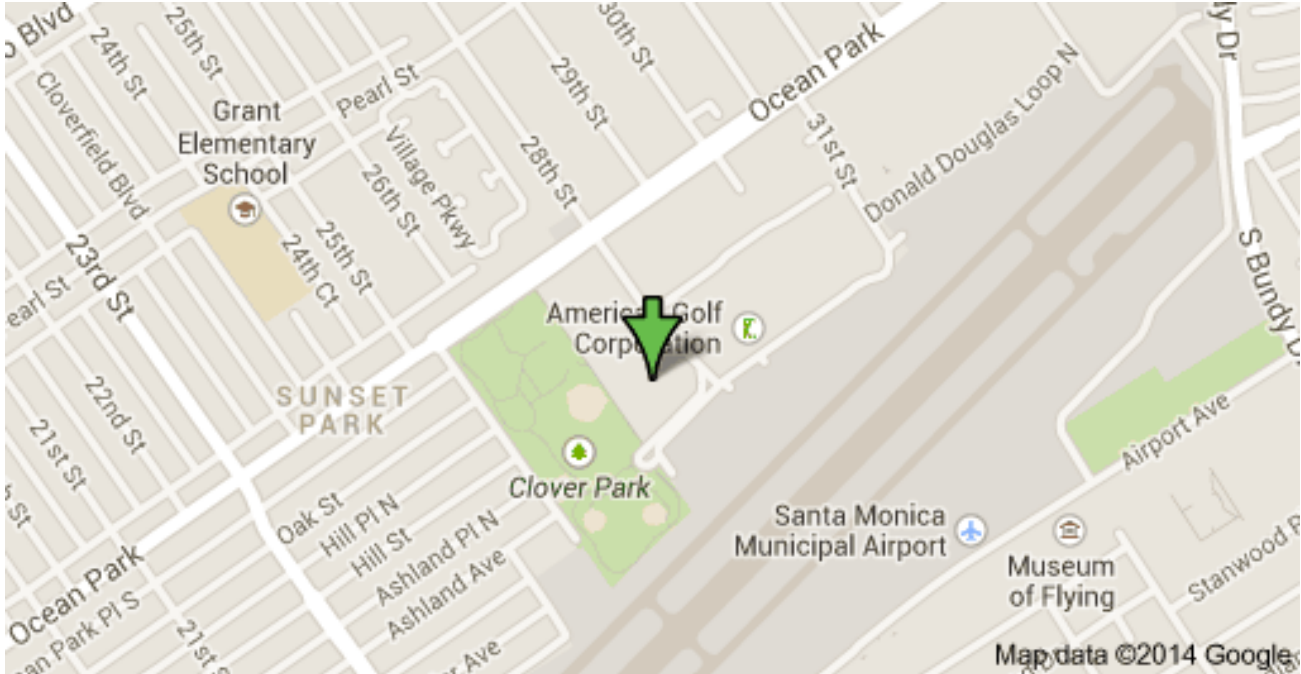
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**2800 28<sup>th</sup> St. Suite 130., Santa Monica, ca. 90405**



- Fitness Concepts is located at the end of 28<sup>th</sup> St on the right side in the all glass black building.
- WE ARE NOT IN THE VW/AUDI BUILDING at the end of 28<sup>th</sup> ST.

## PATIENT AND FAMILY HEALTH HISTORY

CHECK THE CONDITIONS LISTED BELOW FOR YOURSELF OR ANY BLOOD RELATIVE	SELF	FATHER	MOTHER	SISTER/BROTHER	SON	DAUGHTER	CHECK THE CONDITIONS THAT APPLY	SELF	FATHER	MOTHER	SISTER/BROTHER	SON	DAUGHTER
ALCOHOLISM							LIVER DISEASE						
ALLERGIES							MENOPAUSE						
ANGINA							NERVOUS BREAKDOWN						
ANEMIA							POLIO						
ARTHRITIS							PHLEBITIS						
ASTHMA							RECTAL TROUBLE						
BLINDNESS (EITHER EYE)							RECURRENT BOLLS						
BIRTH DEFECTS							RHEUMATISM						
BLEEDING TENDENCY							RHEUMATIC FEVER						
BROKEN BONES							SERIOUS DEPRESSION						
CANCER							SERIOUS EMOTIONAL PROBLEMS						
CHRONIC BRONCHITIS							SKIN DISEASE						
COLITIS							SICKLE CELL ANEMIA						
COLON OR BOWEL TROUBLE							STOMACH ULCER						
DEAFNESS							STROKE						
DIABETES							SUICIDE						
EAR INFECTIONS							SYPHILLIS						
EMPHYSEMA							THYROID (OVERACTIVE)						
ENLARGED HEART							THYROID (UNDERACTIVE)						
EPILEPSY							TUBERCULOSIS						
GALL STONES							VARICOSE VEINS						
GLAUCOMA							<b>MEN ONLY</b>						
GOITER							PROSTATE PROBLEMS						
GOUT							<b>FEMALE ONLY</b>						
HAY FEVER							MENSTRUAL PROBLEMS						
HEART ATTACK							CYSTITIS						
HEART DISEASE							MASTITIS						
HEART MURMUR AS ADULT							OVARIAN CYST						
HEMORROIDS							BREAST CANCER						
HEPATITIS							OTHER BREAST DISEASE*						
HIGH BLOOD PRESSURE							OTHER GYNOCOLOGICAL PROBLEM*						
H.I.V							STILL MENSTRUATING						
LOW BLOOD PRESSURE							AGE PERIODS STARTED						
HYSTERECTOMY							AGE PERIODS STOPPED						
KIDNEY DISEASE							WHY PERIODS STOPPED						
KIDNEY INFECTION							NUMBER OF PREGNANCIES						
KIDNEY STONES							NUMBER OF CHILDREN						
LEUKEMIA							NUMBER OF MISCARRIAGES						
OBESITY							*EXPLAIN						

## PATIENT AND FAMILY HEALTH HISTORY

OPERATIONS				IMMUNIZATION			
	YES	NO	DATE		YES	NO	DATE
TONSILITIS				SMALL POX			
APPENDIX				TETANUS			
GALL BLADDER				POLIO SHOTS			
STOMACH				POLIO ORAL			
SMALL INTESTINE				MEASLES			
KIDNEY				INFLUENZA			
COLON				GERMAN MEASLES			
THYROID				OTHER:			
HERNIA				DEVICES			
BREAST (WOMEN)				EYE GLASSES			
UTERUS				CONTACT LENSES			
OVARIES				HEARING AID			
PROSTATE (MEN)				DENTURES			
OTHER				NECK BRACE			
X-RAYS				BACK BRACE			
BACK				OTHER BRACE			
CHEST				ARTIFICIAL LIMB			
COLON				ARTIFICIAL EYE			
EXTREMETIES				TRUSS			
KIDNEY				PACEMAKER			
STOMACH				I.U.D.			
TREATMENTS:				DIAPHRAM			
MEDICATIONS				ORTHOPEDIC APPLIANCE			
INSULIN				OTHER:			
CORTISONE				ALLERGIES			
THYROID MEDICINE				PENICILLIN			
BLOOD PRESSURE				SULFA			
TRANQUILIZERS				ASPRIN			
SEDATIVES				BUFFERIN			
HORMONES				FOODS			
BIRTH CONTROL				DUST			
VALIUM				FABRIC			
PROZAC				METALS			
DIGITALIS				VITAMINS			
OTHER:				NAIL POLISH			
DO YOU SMOKE?				COSMETICS			
DRINK COFFEE?				LOTIONS			
DRINK BEER?				OTHER:			
DRINK HARD LIQUOR?							
HAVE YOU BEEN HOSPITALIZED?							
IF YES: WHY?							

## PATIENT AND FAMILY HEALTH HISTORY

GENERAL			NECK					
	YES	NO		YES	NO			
FREQUENTLY ILL			STIFFNESS					
FEVER			SWELLING					
CHILLS			LUMPS					
BRUISE EASILY			OTHER:					
			GASTRO-INTESTINAL					
SWOLLEN GLANDS			APPETITE POOR					
LOSS OF MEMORY			INDIGESTION/HEARTBURN					
GENERAL WEAKNESS			NAUSEA					
ACHES/PAINS			VOMITING BLOOD					
HEAD								
DOUBLE VISION			ABDOMINAL PAIN OR CRAMPS					
LIGHT FLASHES			ABDOMINAL TENSION					
BLURRED VISION			DIARRHEA					
HALOS AROUND EYES			CONSTIPATION					
EYE PAIN			BOWEL HABIT CHANGES					
EAR PAIN			BLACK TAR BOWEL MOVEMENT					
BUZZING/RINGING IN EARS			CONSTANT STOMACH TROUBLE					
EAR DRAINING			KIDNEY					
						MALE		
NOSE BLEEDS			UP NIGHTS TO URINATE			LUMP IN TESTICLES		
SINUS PROBLEMS			BLOOD IN URINE			PENIS DISCHARGE		
DEAFNESS			PROBLEM PASSING URINE			BREAST LUMP		
MOUTH, TOOTH PROBLEMS			BURNING PAIN WHILE URINATING			SORE ON PENIS		
PERSISTANT HOARSENESS			TROUBLE CONTROLLING URINE			ERECTION DIFFICULTIES		
OPEN SORES			OTHER:			OTHER:		
SKIN			NEUROMUSCULATURE					
RASH			LEG OR ARM WEAKNESS			FEMALE		
CHANGING MOLES			BALANCE PROBLEMS			BREAST LUMP		
PIGMENTATION			DIZZINESS			NIPPLE DISCHARGE		
OTHER SKIN PROBLEMS			FAINTING SPELLS			VAGINAL DISCHARGE		
CHEST-HEART LUNGS								
IRREGULAR HEARTBEAT			SPEECH PROBLEMS			NON-PERIOD BLEEDING		
SHORTNESS OF BREATH			OTHER:			HOT FLASHES		
			BONES-JOINTS					
LOW EXERCISE TOLERANCE			JOINT PAIN			PAIN WITH INTERCOURSE		
HEART FAILURE			JOINT SWELLING			PAIN OTHER THAN WITH PERIODS		
CHEST PAINS			MUSCLE STRENGTH LOSS			CHANGE IN PERIODS		
FREQUENT COUGHS			MUSCLE LUMP OR SWELLING			POSSIBLY PREGNANT		
COUGH UP BLOOD			LUMP ON BONE			OTHER:		
WHEEZING			PAIN IN BACK					
NIGHT SWEATS			OTHER:					
			ENDOCRINE					
SWOLLEN ANKLES			CONSTANT THIRST					
CRAMPS IN LEGS			MOST ALWAYS COLD					
OVER WEIGHT			TOO WARM MOST TIMES					
BOTHERED BY THUMPING HEART			VERY SLUGGISH OR TIRED					
OTHER:								





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## Liability Waiver

In consideration of being allowed to participate in the activities and programs at Performance Fitness Concepts Inc. and use it's facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge performance Fitness Concepts Inc. and it's officers, agents, employees, trainers, representatives, nutritionists, executors and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by negligent act or omission or connected with my participation at the gym I am training.

**(Please initial \_\_\_\_\_)**

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially harmful activities. I also understand that fitness activities involve a risk of injury or even death, and I am voluntarily participating in these 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, which may result from such activity.

**(Please initial \_\_\_\_\_)**

I do hereby declare myself to be physically sound suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the advisability for a physician's approval for my participation in an exercise/fitness activity, or in use of exercise equipment and more frequent physical examination and consultation with my physician to physical activity, exercise and use of exercise and training equipment so that I might have his or her recommendations concerning these 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 an activity and 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 in my activities.

**(Please initial \_\_\_\_\_)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## NUTRITION AND TRAINING CANCELLATION POLICY

Dear Clients:

Please note that the notification policy for cancellation of nutrition and/or training appointments must be given 24 hours prior to an appointment. If no notice is given, the client will be charged the full amount of the session. Office hours are 9am to 6pm Monday through Friday.

Payment made towards training is nonrefundable. All training must be completed six months from the date of purchase or it is forfeited. In the event training is temporarily or permanently stopped due to a medical condition, these payments may be used toward nutritional consultations or supplements.

In addition, in order to expedite the accounting and billing process for the sale and service of products, we are requesting that a credit card number be kept in a secured on-line vault for your convenience.

Thank you for your cooperation.

**NAME OF CARD HOLDER:** \_\_\_\_\_

**SIGNATURE ON FILE:** \_\_\_\_\_



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## **Doctor Notification Policy:**

It is common practice for naturopaths, nutritionists, and other non-licensed practitioners to collect your signature on a liability waiver form such as this. By doing so you acknowledge that it is your responsibility to deliver all laboratory test results, now and in the future, to your own physician for any *medical* interpretation or opinion regarding any laboratory results provided by Philip Goglia or his affiliates. The undersigned agrees that he or she will receive *a nutritional interpretation* of the test results from Philip Goglia that is to be used exclusively by the undersigned as an educational tool for personal health purposes. However, the personal physician of the undersigned may use these same laboratory results to diagnose and treat disease. The information on Philip Goglia's web sites, brochures, flyers, and information packets are believed to be extremely accurate, but such accuracy cannot be guaranteed by Philip Goglia or his independent representatives, associates and affiliates as we are not the originators of the underlying data used in the interpretation. The undersigned releases Philip Goglia from any liability for injury or loss arising out of the use of, or reliance on, the laboratory results and/or the dietary, supplement and lifestyle suggestions provided. Before making any changes to the exercise, diet or nutritional or hormonal supplementation of the undersigned, a physician should be consulted.

Philip Goglia does not diagnose, cure or treat any illness or disease. *Out of reference laboratory reference range results* will be indicated on the official lab result form, provided by Philip Goglia from a State Certified Laboratory to the undersigned. This information is not intended to, cannot, and should not be expected to substitute for a personal consultation with your own physician. Further, the undersigned releases Philip Goglia, his lab partners, his independent representatives, associates and affiliates from any and all liability for any failure to identify any medical condition or disease. It is understood and agreed that this is not the purpose of their services.

## **Refund policy:**

If you make a mistake collecting saliva or urine specimens, etc., or if the lab refuses to accept specimens because of a mistake you made, a free replacement test kit will be provided to you. Please call the office before discarding any specimens collected. Otherwise, once test kits are in your possession, they may not be returned and no refunds are allowed for any test kits due to safety, hygiene and accuracy concerns.

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Signature

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Date



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<b>PATIENT</b>	
Name: _____	Home Phone: (    ) _____
Address: _____	Business Phone: (    ) _____
City: _____	Mobile Phone: (    ) _____
State: _____	Drivers License: _____
Zip: _____	Birthdate: _____
Email Address: _____	
Referred by: _____	
<b>EMPLOYMENT</b>	
Occupation: _____	<b>Circle the highest Year completed in School</b>
Employed by: _____	Elementary <b>1 2 3 4 5 6 7 8</b>
Employer Address: _____	High School <b>1 2 3 4</b>
_____	College <b>1 2 3 4</b>
Employer Phone: (    ) _____	
<b>SPOUSE</b>	
Spouse Name: _____	<b>Marital status</b>
Spouse Employer: _____	Single   Married   Widow   Divorced
Employer Phone: (    ) _____	
<b>Emergency Contact</b>	
Name: _____	
Home Phone: _____	
Work Phone: _____	
Relationship: _____	