
COURSE RESOURCE

RED FLAG & REFERRAL CHECKLIST

Coach reference | Working With GLP-1 Clients for Personal Trainers — recognise, document, refer

GLP-1 medications (such as semaglutide and tirzepatide) change how your clients eat, hydrate, and tolerate training. Most side effects are mild and settle. Your job is not to decide whether a symptom is 'serious enough' — it is to notice it, write it down, and route the client to the right professional. This checklist gives you the signals to watch for and a clean way to hand them off.

SCOPE OF PRACTICE

You are a personal trainer, not a clinician. You do not diagnose conditions, interpret symptoms, prescribe, or advise on starting, stopping, pausing, or changing any medication or dose. Everything below is for recognising and referring — never for treating. When in doubt, refer up. Referring 'unnecessarily' is never a mistake; staying quiet is.

KEY SIGNAL

Your one-line mantra: RECOGNISE the sign, DOCUMENT what you saw, REFER to the right person. You are the early-warning system, not the treatment plan.

HOW TO USE THIS CHECKLIST

- Emergency / same-day flags (next section): stop the session and act now. These override everything else.
- System-by-system flags: not emergencies, but reasons to pause intensity, document, and refer to the client's prescriber or GP within days.
- For every flag: describe what you observed in plain, factual language. Do not label it with a condition (write 'client reported severe pain in upper abdomen going through to the back,' not 'looks like pancreatitis').
- Keep the client's prescriber and emergency contact on file before their first GLP-1 session so you are not searching for a number during an event.

EMERGENCY / SAME-DAY RED FLAGS

If any of these appear, stop training immediately. Call emergency services for anything life-threatening; otherwise direct the client to same-day medical care (their prescriber, urgent care, or emergency department). Do not let the client drive themselves if they are faint, disoriented, or in severe pain.

Red flag	What you might see or hear	Your immediate action
Severe abdominal pain, especially radiating to the back	Client doubled over, pain constant and intense, may worsen after eating, possibly with vomiting	Stop session. Direct to emergency/same-day care now. Do not offer food, remedies, or reassurance that 'it's normal.'
Fainting, near-fainting, or palpitations	Collapse, greying out, racing/irregular heartbeat, chest tightness	Stop, sit or lay client down safely. Call emergency services for collapse or chest symptoms. Stay with them.
Severe dehydration signs	Dizziness on standing, very dark/no urine, confusion, rapid weak pulse, sunken appearance, unable to keep fluids down	Stop training. Same-day medical care. Do not push a hard session 'to sweat it out.'
Sudden vision change	Blurring, double vision, or sudden loss of vision	Stop. Same-day medical assessment; treat any sudden vision loss as urgent.
Suicidal thoughts or intent to self-harm	Client states they want to die, feels hopeless, or has a plan	Take it seriously. Stay with them, do not leave them alone, and connect them to a crisis line or emergency services / their clinician immediately. See the mental-health note below.
Symptomatic hypoglycaemia (low blood sugar)	Shakiness, sweating, confusion, slurred speech, sudden intense hunger, irritability — more likely if also on insulin or a sulfonylurea	Stop exercise. If conscious and able to swallow, allow fast-acting carbohydrate the client carries. If confused or unable to swallow, call emergency services. Do not resume training that session.

WHY IT MATTERS

Hypoglycaemia risk rises when a GLP-1 is combined with certain other diabetes medications. You will not know a client's full medication list unless you ask and document it. Add 'other medications, especially diabetes medications' to your intake so you can flag combined risk to the client's prescriber — without interpreting it yourself.

PANCREAS

- Severe, persistent upper-abdominal pain, classically going through to the back — refer as emergency/same-day (also in the table above).
- Pain that comes with nausea or vomiting and does not ease — document and refer to prescriber same-day.
- Coach action: stop loading the trunk/abdomen, do not program through the pain, and refer. Never call it 'pancreatitis' — describe the pain and let the clinician diagnose.

GALLBLADDER

- Pain in the upper-right abdomen or just under the ribs, sometimes after fatty meals, possibly reaching the right shoulder blade.
- Yellowing of skin or the whites of the eyes, or unusually pale stools — refer to prescriber/GP promptly.
- Coach action: document the location and timing of pain the client describes, pause intensity, and refer. Rapid weight change can accompany gallbladder issues, so keep tracking weight trend as objective data for the clinician.

GI & POSSIBLE OBSTRUCTION

Nausea, mild constipation, and reduced appetite are commonly reported on GLP-1s and usually settle. Escalate when GI symptoms become severe, persistent, or come with warning signs.

- Persistent vomiting, inability to keep fluids down, or severe bloating with a hard, distended abdomen — same-day care (possible obstruction).
- No bowel movement for several days combined with pain and vomiting — refer promptly; do not coach through it.
- Blood in vomit or stool, or black/tarry stool — treat as urgent, refer same-day.
- Coach action for mild, settling GI symptoms: within scope you may adjust session timing around meals, reduce volume for the day, and encourage the client's own hydration and fibre habits as general nutrition support — not as a medical remedy.

HYDRATION & KIDNEY

- Repeated vomiting or diarrhoea leading to dizziness, very dark or minimal urine, or a racing pulse — dehydration risk; refer same-day (see emergency table).

- Ongoing reduced fluid and food intake over days with growing fatigue and light-headedness — document the trend and refer to prescriber; dehydration can strain the kidneys.
- Coach action: reduce heat/sweat exposure and high-volume conditioning on days the client is under-hydrated, and encourage a normal fluid-intake habit. Do not prescribe electrolyte protocols or supplements as treatment.

MENTAL HEALTH

- Any expression of wanting to die, self-harm, or hopelessness — treat as emergency (see table). Stay with the client and connect them to crisis support or their clinician now.
- New or worsening low mood, anxiety, or marked personality/behaviour change — document factually and encourage the client to contact their prescriber/GP.
- Disordered-eating signals (skipping meals far beyond appetite loss, fear of eating, purging, rigid rules) — refer toward their clinician or an appropriately qualified professional; do not counsel it yourself.

SCOPE OF PRACTICE

Mental-health support is outside a trainer's scope. Your role is to notice, respond with care in the moment, and connect the client to qualified help — a clinician, crisis line, or emergency services. Never try to counsel, diagnose, or 'talk someone out of' a mental-health crisis.

MUSCULOSKELETAL

This is the area most inside your scope. Rapid weight loss on GLP-1s often means loss of muscle alongside fat, plus reduced fuel intake — both change how a client tolerates load.

- Unexpected weakness, poor bar speed, or failed lifts that were previously easy — a sign of under-fuelling or lost lean mass. Regress load, prioritise protein habits within general nutrition guidance, and keep resistance training in the plan.
- Dizziness or light-headedness during exertion — stop the set, seat the client, and reassess hydration and fuelling; refer if recurrent.
- Joint or tendon pain that is sharp, swelling, or not settling with normal recovery — refer to a physiotherapist or physician rather than pushing through.

- Coach action within scope: emphasise progressive resistance training to protect muscle, program realistic loads for current energy availability, and track strength markers over time as objective progress data.

DOCUMENTATION: WHAT TO CAPTURE EVERY TIME

Good notes turn a vague worry into a useful referral. Keep them factual and free of diagnosis. Fill these fields whenever a flag appears:

- Date and time observed: _____
- What the client said or what you saw (plain description, no labels):

- When it started / how long it has lasted: _____
- What you did (stopped session / seated client / called emergency services / advised same-day care): _____
- Who you referred to and how (prescriber / GP / urgent care / emergency / crisis line):

- Client's prescriber name & contact and emergency contact:

REFERRAL SCRIPTS YOU CAN USE

- To the client (same-day, not emergency): 'This is outside what I can advise on as your trainer. I want you to check in with the person who prescribed your medication today — can you call them now or on your way home? I'll note what we saw.'
- To the client (emergency): 'I'm stopping our session. What you're describing needs medical attention right now. I'm going to help you get **[emergency care / a call to your clinician]**, and I'll stay with you.'
- In your note to the prescriber (with client consent): 'During training on **[date]**, client reported/showed **[factual description]**. I paused training and advised same-day medical review. Sharing for your awareness — no changes made on my end.'

CONSENT

Get the client's written consent before contacting or sharing information with their prescriber or GP, and store their medication list and emergency contact securely. Sharing

health information without consent breaches trust and may breach privacy law — capture permission at intake.

EVIDENCE NOTE

Symptom associations above reflect commonly reported and label-recognised GLP-1 side-effect categories, kept deliberately general and directional. This handout intentionally contains no incidence rates, dosages, or named studies. The course team will attach verified clinical citations and any prescribing-information references before publication.