
COURSE RESOURCE

PRACTICE SETUP CHECKLIST & CE PATHWAY

Coach reference | Launching GLP-1 client coaching inside a personal-training practice

This is your operational launch kit for taking on clients who are using GLP-1 medications (semaglutide, tirzepatide, and similar). It covers the paperwork you need on file, where your professional lane starts and stops, how to build a two-way referral relationship with local clinicians, and how to keep your knowledge current. Work top to bottom; most items are one-time setup, and the CE section repeats on a cycle.

SCOPE OF PRACTICE

As a certified trainer or strength coach, you coach training, general nutrition habits, and progress tracking. You do NOT diagnose, prescribe, dose, adjust, or advise stopping any medication — that is the prescribing clinician's job. Your entire job around the medication is three words: recognise, document, refer. Every template and process below exists to make those three things easy and defensible.

PHASE 1 — PAPERWORK TO HAVE ON FILE BEFORE CLIENT ONE

Build these four documents once, store them in a shared folder, and have every GLP-1 client complete the intake and consent before the first session. Fillable PDF or an online form both work; keep signed copies for your records.

- Intake form — history and current status (fields listed in the table below).
- Informed consent / scope acknowledgement — client signs that they understand you are a trainer, not a medical provider.
- Clinician referral / release template — a short letter you send (with client permission) to their prescriber.
- Session and symptom log — a running record of training done, tolerance, and anything you flagged.

INTAKE FORM — FIELDS TO INCLUDE

Section	Fillable fields to capture
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Contact & emergency	Name, DOB, phone, email, emergency contact name + phone
Medication context	Medication name (client-reported), how long on it, prescribing clinician name + clinic, next scheduled clinician appointment
Health screen	Any conditions or injuries, prior surgeries, medications/allergies, pregnancy/postpartum status, physician clearance to exercise (Y/N + date)
Nutrition snapshot	Typical daily protein intake, meals per day, appetite changes, hydration, any foods now poorly tolerated
Symptoms today	Nausea, fatigue, lightheadedness, GI issues (none/mild/moderate/severe)
Goals & baseline	Primary goal, current activity level, baseline strength markers, body-composition or performance metrics client wants tracked

WHY IT MATTERS

Rapid appetite suppression on GLP-1s can drive very low food and protein intake, which puts muscle mass at risk during weight loss. Capturing protein and appetite at intake gives you an honest baseline so you can coach habits and spot a downward trend early — and refer if intake looks clinically concerning.

INFORMED CONSENT — WHAT THE CLIENT SHOULD ACKNOWLEDGE

- I understand my coach is a certified fitness professional, not a physician, dietitian, or pharmacist.
- I understand my coach will not advise me on my medication, dose, or timing, and I will direct those questions to my prescriber.
- I will keep my coach informed of relevant symptoms and any changes my clinician makes.
- I consent (or decline) to my coach contacting my prescriber for coordination — with my signature indicating which.
- I understand I should seek medical care for severe or persistent symptoms, and that coaching may be paused for safety.

CONSENT

Keep a separate, explicit release before you contact any clinician. A blanket 'I consent to communication' line in the intake is not the same as a dated, signed authorization to

share this client's information with a named provider. When in doubt, get the specific release.

REFERRAL LETTER TO A CLINICIAN — SIMPLE SCRIPT

Use this when introducing yourself to a client's prescriber or making a proactive referral. Keep it factual and short: who you are, what you observed, what you're asking for. Example — 'I am **[Name]**, a certified personal trainer working with your patient **[Client]**, who has consented to this contact. During training I observed [specific, factual observation — e.g. repeated lightheadedness on standing and reported protein intake well below target]. This is outside my scope, so I am flagging it for your review and pausing intensity until they are seen. Please advise on any activity restrictions you'd like me to honor.'

PHASE 2 — INSURANCE & SCOPE CONSIDERATIONS

- Confirm you carry current professional liability / general liability insurance and that your certification is active and in good standing.
- Ask your insurer, in writing, whether working with clients on prescription weight-management medication changes your coverage or requires disclosure.
- Put your scope in writing in your service agreement: training programming, general nutrition habit coaching, and progress tracking — explicitly excluding medical, medication, and clinical-nutrition advice.
- Do not create or supply meal plans that read as medical nutrition therapy; coach general habits (protein-forward meals, hydration, meal spacing) and refer to a registered dietitian for individualized clinical plans.
- Know your jurisdiction's rules — scope-of-practice and 'nutrition advice' laws for trainers vary by region and state/province. Verify locally rather than assuming.

SCOPE OF PRACTICE

If a client asks you to interpret a symptom, adjust their dose timing around training, or comment on whether they should stay on the medication, that is a referral moment — not a coaching moment. Answer with: 'That's a question for your prescriber. Let's log it and I'll adjust the session to keep you safe today.'

PHASE 3 — BUILD A REFERRAL RELATIONSHIP WITH LOCAL CLINICIANS

A working relationship with prescribers turns you from a liability into an asset in their eyes: you're the person keeping their patient strong, moving, and monitored between appointments. Build it deliberately.

- Make a shortlist of local prescribers, weight-management clinics, and registered dietitians who see GLP-1 patients.
- Prepare a one-page 'what I do' sheet: your credentials, your scope, how you track clients, and exactly what you refer back for (your recognise-document-refer criteria).
- Offer the low-friction ask first: 'I keep your patients strong and monitored, and I'll flag anything outside my lane straight back to you.' Clinicians refer to people who respect boundaries.
- Establish a shared handoff habit — how you'll send updates (secure email, faxed letter, or their portal) and what a 'flag' from you looks like.
- Keep a two-way referral log so you can show the relationship is active and reciprocal.

RECOGNISE-DOCUMENT-REFER — YOUR ESCALATION TRIGGERS

Coach and monitor (your lane)	Refer / pause and escalate (their lane)
Mild, transient nausea or fatigue that eases with lighter sessions	Persistent vomiting, inability to keep fluids down, or ongoing severe nausea
Reduced appetite; coach protein-forward habits and hydration	Very low food/protein intake trending down over weeks, or signs of under-fuelling
Normal early-session low energy that warms up	Dizziness, fainting, or lightheadedness on standing
Routine strength and body-composition progress tracking	Rapid unexplained changes, new severe symptoms, or anything the client asks you to medically interpret

KEY SIGNAL

Lightheadedness, fainting, or a client who cannot keep fluids down is a stop-and-refer signal, not a push-through-it signal. End the session at a safe intensity, document what you saw, and direct them to their clinician the same day.

PROGRAMMING NOTE — PROTECTING MUSCLE DURING WEIGHT LOSS

Within scope, your highest-value contribution is resistance training that helps preserve lean mass while the client loses weight. A practical starting frame: 2-3 full-body resistance sessions per week, emphasizing compound movements (squat/hinge/push/pull patterns), roughly 2-4 sets of 6-12 reps at a manageable effort, progressing load or reps as tolerance allows. Scale volume down on low-energy days rather than skipping — consistency beats intensity here.

EVIDENCE NOTE

The general principle that resistance training and adequate protein help preserve lean mass during weight loss is well supported in the exercise-science literature, and is directionally relevant during GLP-1-assisted weight loss. Specific numbers and citations are not asserted here; the course team will attach verified references before publication.

PHASE 4 — CONTINUING-EDUCATION PATHWAY TO STAY CURRENT

GLP-1 practice guidance evolves quickly. Treat CE as an ongoing loop, not a one-time box. Aim to touch each item on the cadence noted.

- Maintain your primary certification's required CEUs on schedule (whatever your certifying body mandates) — this is non-negotiable baseline.
- Complete focused CE on obesity, weight management, and exercise for special populations from a reputable provider each renewal cycle.
- Add a nutrition-fundamentals refresher (protein needs, hydration, energy balance) annually — staying firmly on the general-habits side of the line.
- Review current professional-body position statements on GLP-1s and exercise as they are published; note the source and date each time.
- Attend one clinician-facing talk or webinar per year to keep your shared vocabulary with referral partners sharp.
- Keep a simple CE log (topic, provider, date, credits) — useful for renewals, insurance, and showing clinicians you invest in staying current.

WHY IT MATTERS

The single fastest way to lose a clinician referral relationship is to give advice that drifts out of scope. Ongoing CE keeps your recognise-document-refer instincts calibrated so you flag the right things at the right time — which is exactly what makes you a trusted partner rather than a risk.