

Healthy 4 Life @Work



HEALTHY 4 LIFE
HOBART MUNSTER

Introducing Healthy 4 Life@Work!

Healthy4Life@Work is a 16-week, comprehensive wellness program offered through the Brickie Community Health Clinic and the Healthy 4 Life Center at St. Mary Medical Center. The program is available to employees of the School City of Hobart and will offer:

- Health Risk Assessment:
 - Personal Wellness Profile
 - On-site Medical Screenings (Preventive lab screenings are selected based on your risk factors, and are covered by your insurance plan.)
- Biomarkers at the beginning and end of the program:
 - BMI and Body Composition Assessment
 - Waist Circumference
- Individualized diet and nutrition plans
- Weekly On-Site Group Support Meetings (approximately 45-60 minutes.)
- Private weigh-in, education sessions lead by certified dietician, licensed fitness experts, physicians, RNs and NPs
- Telephone and Email Wellness Coaching

Meetings held Wednesdays at 4 pm! Topics will include:

- Healthy Eating and Active Living
- Exercise/Activity Planning
- Cancer Prevention
- Mental Health and Well-Being
- Chronic Disease Prevention
- Heart Disease and Stroke Prevention

Cost for the 16-week program is \$46.50 per month.

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BRICKIE COMMUNITY HEALTH CLINIC

HEALTHY 4 LIFE @WORK / Brickie Community Health Clinic SCOH 2014 PROGRAM REGISTRATION FORM

Today's Date:		PCP:	
PATIENT INFORMATION			
PARTICIPANT's last name:		First	Middle:
Mr./Mrs./Miss/Ms. / Dr. _____		Preferred Name:	
WELLNESS GOALS: 1. 2.		Birth date: _/_/____	Age: _____ Sex: <input type="radio"/> M <input type="radio"/> F
Address:			
EMAIL:	Home phone no.:	Cell phone no.:	
Occupation:	SCOH Building:	Work phone no.:	
I CHOSE THIS PROGRAM BECAUSE/ REFERRED BY:			
FOR OFFICE USE: REGISTRATION INFORMATION CHECKLIST			
Measurement Date: _/_/____	Height: _____"	BMI: _____ A1C: _____	BP: _____ / _____ R BP: _____ / _____ L
Initials: _____	Weight: _____ # Waist _____"	Total Cholesterol: _____ HDL _____ LDL _____ Body Composition Analysis: _____	Grip: _____
Is this person a current BCHC Client?	<input type="radio"/> Yes <input type="radio"/> No	Activity Restrictions? Specify _____ Medical Necessity? RX: _____	<input type="radio"/> Yes <input type="radio"/> No
Personal Wellness Profile Completed: _/_/____	SCOH Building:	Work address:	Preferred phone no.:
Payment #1	#2	#3	#4
Paid in full:			
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):		Relationship to patient:	Home phone no.: _____ Work phone no.:
<p>The above information is true to the best of my knowledge. I AUTHORIZE HEALTHY 4 LIFE @WORK/Brickie Community Health Clinic to contact me about my health using the above contact information.</p>			
Participant Signature _____		Date _____	
Staff signature/Witness _____		Date _____	