

TriHealth Wellness Consultations

What is a Wellness Consultation?

A wellness consultation provides guidance on setting and achieving SMART goals for lifestyle behavior changes to decrease individual health risks. Participants will work with a TriHealth Wellness Coach over the phone to create personalized goals; sessions are typically 20 minutes in length.

Engaging in a wellness consultation is also a great way to experience **wellness coaching** without committing to a full program. If you enjoy the consultation, we can easily transition you into a coaching program.

Examples of behavior change goals include:

- **Healthy Eating:** increase fruits/vegetables, decrease fat, lower sodium, control portions
- **Increasing Physical Activity:** begin to exercise, add more days of exercise, increase the time spent exercising, meet recommended guidelines for physical activity
- **Reducing Stress:** discover where your stress is coming from and learn ways to manage your reaction to the stressors in your life
- **Improving Sleep:** improve time management skills to allow time for sleep, learn what other factors can affect your sleep quality

There is **no cost** to you if you choose to take this opportunity to improve your overall health and wellness – it is part of your employee wellness program. Your participation and the goals you work on with your coach are completely **confidential**.

To begin the coaching program, fill out and return the attached packet.

Please contact your Wellness Coordinator, Valerie Sprouse with questions.

Phone: 513 977 0005 | Email: AOCWellness@Trihealth.com

TriHealth Wellness Consultation Information Sheet

Name: _____ Date: _____

Work Location: _____

Date of Birth: _____ Email: _____

Home/Cell Phone: _____ Work Phone: _____

Best way/time to contact you:

EMAIL HOME/CELL PHONE: _____(Time) WORK PHONE: _____(Time)

What are your overall health and wellness goals?

Short term: _____

Long term: _____

Please circle the number that matches where you are right now in how ready you are to make changes that will support the goals you wrote down above:

1	2	3	4	5	6	7	8	9	10
Not ready to change			Unsure			Ready to change		Already changing	

What days/times of the week would be good for you to communicate with your coach?
Standard hours are M-F 6am – 8pm EST.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Once your packet is received, our coach will reach out within five (5) business days. Please indicate below if you need to start with your coach at a **later date**:

Please return this packet to the Health Coaching Team:

Phone: 513 936 6665 | Email: Health_Coaching@trihealth.com | Fax: 513 852 3067



TriHealthCorporateHealth.com | 513 891 1622

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Mail: 11129 Kenwood Rd, Cincinnati, OH 45242

TriHealth Wellness Consultation

Agreement of Release of Liability

In consideration of my being allowed to receive coaching services, and in that process, to be coached in all aspects of wellness, I do hereby waive, release, and forever discharge TriHealth, Inc., Bethesda Healthcare, Inc. and my wellness coach from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of fitness/ exercise equipment or any other equipment or machinery arising out of my participation in any activities under such coaching. 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 the negligent act or omission of any of those mentioned or others acting on their behalf or in any activities of wellness coaching.

I understand that as a part of my wellness coaching program I may be coached to, or it may be suggested that I, participate in fitness activities, e.g. exercise, aerobic training, strength training, flexibility training, etc., that could be potentially hazardous. I also understand that such activities involve risks of injury and even death, and that 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.

I do hereby further acknowledge that I have either had a physical examination and have been given a physician's permission to participate or that I have decided to participate in activity or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility and risks of injury or death from such participation and activities.

I accept the above agreement of release of liability.

Signature of Participant

Date