

# Healthier Life Rx – Physician Referral

Healthier Life Rx is an 8-week wellness and health coaching program.

## Program includes:

- 1) One on one health coaching with a YMCA Lifestyle coach specially trained in behavior change and skill building.
- 2) Personalized Goal Setting using a variety of resources to assist in building an individual action plan for each client in collaboration with their physician.
- 3) 1 month complementary access to the YMCA and programs.

## Requirements of Participants:

- ✓ 2 month commitment by participant to meet with health coach week for 8 weeks. Option to continue 8 sessions past programs.
- ✓ Completion of homework assignments associated with the health coaching sessions.
- ✓ Work with client's physician for Medical Clearance, and identification of Health Goals.
- ✓ Completion of Intake Form, Health History and Additional Assessments through-out the program.
- ✓ This is a fee based program.

Please email questions and completed form to [HealthierLifeRX@cfymca.org](mailto:HealthierLifeRX@cfymca.org) or call (407) 204-2330.



Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Health Goals

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Increase Physical Activity      | <input type="checkbox"/> Lower Risk of Diabetes      | <input type="checkbox"/> Improve Compliance with Chronic Disease Self-Management |
| <input type="checkbox"/> Increase Flexibility & Mobility | <input type="checkbox"/> Weight Loss/Management      | <input type="checkbox"/> Improve Emotional Health                                |
| <input type="checkbox"/> Improve Fitness & Functionality | <input type="checkbox"/> Healthy Eating & Nutrition  | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Build Strength                  | <input type="checkbox"/> Health & Lifestyle Coaching |  |
| <input type="checkbox"/> Improve Balance                 | <input type="checkbox"/> Stress Management           |  |

**The Healthier Life RX program includes a physical activity component; based on this please indicate below any limitations or restrictions.**

Not cleared to exercise at this time. Next Visit \_\_\_\_\_

Cleared to exercise with no restrictions

Cleared to exercise with the following restrictions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physicians Name: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By completing this form, I am not assuming any responsibility for administration of any assessments, exercise programs or any element of the Healthier Life Rx program; however, I am agreeing to support my patient in reaching their health goals as indicated above.**