

Ways to Wellness Registration Form

Name _____ DOB _____

Mailing address _____ Email address _____

Phone number _____ Emergency contact _____

Primary Physician _____ Primary Clinic _____

Do you currently have or have had any of the following medical problems? (please check all that apply)

Chemical Dependency History Heart Disease Respiratory/Lung Disease

GI/Liver Problems High Blood Pressure Thyroid Disease

Cancer Diabetes High Cholesterol/lipids

Auto immune disease Weight Problems Mental Health

Other _____

Please explain any checked items above _____

Please list any medications, over the counter or supplements you are taking/prescribed.

Do you have any medical conditions that may affect your ability to exercise?

Explain _____

Have you had any recent surgeries we should know about? _____

Do you have any muscle or joint pain you are concerned about? _____

Are you on a special diet or do you have any dietary restrictions/food allergies or sensitivities?

Do you drink any alcohol? How many/How often? _____

Do you smoke cigarettes? How many/How often? _____

What are your favorite types of exercise? _____

Release of Liability and Consent Form

I, _____, desire to participate in the Ways to Wellness Program (the "Program") of HealthEast Outpatient Services, LLC, HealthEast St. John's Hospital, HealthEast St. Joseph's Hospital, HealthEast Care System (HealthEast Bethesda Hospital) and HealthEast Medical Research Institute ("HealthEast"). Concerning my participation in the Program, I hereby acknowledge and understand that:

1. The strength, flexibility and exercise activities associated with the Program, including the use of equipment, are potentially hazardous activities and involve a risk of injury and even death, and I am voluntarily participating in these activities and will use any equipment, wherever located, with knowledge of the dangers involved;
2. I have been informed that I may need a physician's approval in order to participate in the Program, and I acknowledge that I either have had a physical examination and been given my physician's permission to participate in the Program or have decided to participate in the Program without the approval of my physician and do hereby assume all responsibility for my participation in the Program and all activities associated with the Program;
3. My decision to participate in the Program will be made after I have considered all of the possible risks to me of participating;
4. I assume all risks associated with participating in the Program, and my participation in the Program shall constitute my representation to HealthEast that I have considered the risks of participation and have chosen to participate despite such risks; and
5. HealthEast provides no guarantee or assurance that I will be able to complete the Program, achieve my wellness goals, lose weight, overcome or avoid any health issues, such as diabetes or heart disease, or achieve a certain level of fitness.

Consent to Use of Information. I further acknowledge that (i) HealthEast will combine information and results from my participation in the Program with information and results of other participants, (ii) the combined data will not identify me in any way, and (iii) HealthEast will use the combined data to promote and track the effectiveness of the Program. I hereby consent to the foregoing use of information and results from my participation in the Program by HealthEast.

Waiver and Release of Liability. In return for the services of HealthEast in connection with the Program, I, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, hereby waive and release HealthEast and all of its corporate affiliates and the directors, officers, and employees thereof (the "Indemnified Parties"), from any and all claims, demands, judgments, actions, causes of action, rights, obligations and liabilities which I may have against any of them arising out of or related to the Program, my participation in the activities, classes, and events of the Program, and any act or omission, including negligence, by the Indemnified Parties; provided, however, that this waiver and release shall not release the Indemnified Parties from liability for any intentional, willful or wanton acts of the Indemnified Parties. I acknowledge that I have read, understood, and had the opportunity to ask questions concerning the meaning and effect of this Waiver and Release of Liability, and that my signing is voluntary.

(Signature of Participant)

Date

(Printed Name of Participant)

Policies

In order to best serve our clients, the following policies have been implemented at Ways to Wellness. Please read through each statement carefully and initial each policy indicating that you acknowledge and understand each statement.

_____ **Payment/Health Insurance:** Full payment is required at your first appointment. Ways to Wellness does not accept any type of health insurance and does not bill health insurance plans. It is your responsibility to determine if your health plan or pre-tax spending account will reimburse you. Ways to Wellness can provide you with a receipt of payment and program completion. **All sales are FINAL.**

_____ **Transfers/Exchanges:** Transfers or exchanges of purchased services/packages from one person to another, from one service category to another, or one specific time allotment to another is prohibited. Our "You Pick It" packages allow the best flexibility in scheduling between life coaching, nutrition consultations, and/or personal training. (A few examples include but not limited to: We cannot convert a package of 30-minute You Pick It's over to 45-minute You Pick It's. We also cannot "convert" a Pilates package to a "You Pick it" package or vice versa).

_____ **Expiration Date:** Please note the expiration of the package/program you are purchasing. Expiration dates cannot be extended.

Cancellations must be made 24 hours in advance of your appointment for all services. This can be done via voicemail, email and on your own through our online scheduling software: MindBody Online. Appointments cancelled less than 24 hours and no shows will be charged the cost of the visit and/or the appointment will be deducted from your visit package. No exceptions will be made including inclement weather, personal or family illness, work meetings, traffic delays, etc. Please plan accordingly.

_____ **Duo and/or Trio Sessions:** Both/All parties must **always** schedule together and attend together. If only one party is present, both/all parties will be charged. Our 24-hour cancellation policy applies.

_____ **"8 for \$80" Class Enrollment:** Persons wishing to cancel enrollment, must do so within three business days prior to the first date of class series if a refund is desired. We need to ensure we have the minimum number to hold the class and/or allow wait list attendees time to enroll. You will not receive any refunds or make-ups for any missed classes.

_____ **Age Requirements:** For safety and liability concerns, children under the age of 14 years are not allowed in the Ways to Wellness Center at any time, unless the child has an appointment.

_____ **Facilities Access:** Unauthorized persons are not allowed access to Ways to Wellness facilities at any time.

If you have any questions regarding the program or service you are purchasing, please talk with a HealthEast Ways to Wellness staff member.

Client name (printed)

Client Signature

Date

More About Me

Who/what is your biggest support system? _____

What motivates you? _____

What should we know about you as your coach? _____

What are you most proud of about who you are? _____

Please check the top three well-being areas you would like to focus on at this point in time:

- Career satisfaction/work life balance
- Emotional wellbeing (minimize anxiety/depression/fears)
- Energy management (reducing fatigue and increasing productivity)
- Exercise/physical activity
- Improving interpersonal relationships (family, friends, co-workers, etc.)
- Improving sleep
- Increasing self-worth/self-esteem
- Learning more about healthcare options/integrative medicine
- Life satisfaction/authentic happiness
- Managing a health concern or new diagnosis
- Nutrition/healthy eating
- Preventing medical conditions
- Reducing medication use
- Spiritual growth/meditation
- Stress management
- Weight management
- Other _____

A TYPICAL ONE-DAY FOOD/BEVERAGE RECORD

Breakfast

Snacks


Lunch

Snacks

Dinner

First Appointment Instructions

Schedule your appointment by calling Ways to Wellness at **651-232-1926** or schedule online.

1. Go to: www.healtheast.org/wellnessrsvp
 - If you already have an account (if you've ever had an appointment with us, you have an account), log in with your email as your username and your password (if you don't have a password, click "forgot password")
 - If you are new to the site, create an account.
2. Click one of the tabs located along the top of your screen:
Buy it Now, Schedule Appointment, Group Fitness Classes, Well-being Classes, Pilates Reformer Classes, Cooking Classes.
3. If you choose **Schedule Appointment**, first select your preferred location. You will then select a service under "**What are you looking for?**"
 - Select **When** and click **Search**.
 - Choose from the options and click **Book** to reserve the appointment time.
 - Select appointment details, verify information and click **Book Appointment**.
4. For all other tabs, you will be prompted on how to enroll.
5. If you have made your purchase already, you are now scheduled.
6. If you need to pay, you will be directed to the online  Shopping Cart. **If you are a HealthEast Employee wishing to use wellness dollars, you must complete and submit a "[wellness dollars agreement form](#)" prior to scheduling an appointment.**
7. Select from **Services** or **Contracts/Packages** and **Make Purchase**.
8. Enjoy the freedom to manage your schedule.

What to Wear:

- BODPOD Body Composition Test: form-fitting speedo or lycra/spandex swimsuit; or single layer compression shorts and single layer sports bra (women)
- VO2 Fitness Testing: comfortable clothing and athletic shoes
- Please note: Locker rooms/showers and towels are available for your use.

Metabolic Calorie Test: Please DO NOT do any of the following for at least four hours prior to your appointment: eat or drink (water is ok), take any herbals (your medications are ok) and/or exercise (no food, tobacco or caffeine).

VO2 Fitness Test: 1) Please DO NOT eat or drink for at least four hours prior to testing; water is ok.
2) DO NOT exercise the day of the test.

BODPOD Body Composition Test: Please DO NOT eat or drink for at least four hours prior to testing.

Locations:

Woodwinds Health Campus: 1825 Woodwinds Drive, Oak Center Building, Suite 300, Woodbury, MN 55125

HealthEast Stillwater Clinic: 2900 Curve Crest Blvd., Stillwater, MN 55082

Midway Campus: 1700 University Avenue W., St. Paul, MN 55104

St. John's Hospital (employees only): 1575 Beam Avenue, Maplewood, MN 55109

Bethesda Hospital (employees only): 559 Capitol Blvd., St. Paul, MN 55103