



Instructions for completing a Fillable PDF form

Please review the following instructions for successfully completing a fillable PDF form:

- Use **only the latest version of Adobe Reader** to complete fillable PDF forms. Macintosh and Windows versions of the free Adobe Reader are available from Adobe at <http://get.adobe.com/reader/>.
- **Before** completing the document **save** the form (PDF format) to a location on your computer. (Example: Desktop or Documents).
 - Instructions: **Right click** on the form and **click** “Save as”.
 - **Save** to your Desktop or Documents.
- Once you have saved the form to your computer, you are ready to complete the form.
- **Open** the fillable form.
- After you have completed the form, **save** a final version of the file to your computer.
- When ready, don’t forget to attach the fillable form.
- Some forms have a “Submit” button built into the form which will allow you to submit the form via email directly from the form. These forms will automatically be attached to your email when you click the submit button.

- **Do not complete the form online within your web browser; your data will NOT be saved. Please save it to your computer first, and then fill it out.**
 - If you choose to complete the form in your web browser, **you must select “Print”** and not “Download”. (**WARNING**, Downloading the PDF after you have filled it out **will erase all your inputs unless you select “Print”!**)
 - Once you select “Print” you must select “Save as PDF” as the “Destination”.
 - Click save and choose where you want to save the file on your computer’s desktop or selected file.

HEALTHY LIFESTYLE PROGRAM APPLICATION

Thank you for your interest in the Healthy Lifestyle Program (HLP). Please complete the following information to apply for participation in the program. Upon approval of your application, you will be notified and enrolled on a first-come, first-served basis. **Program capacity is limited.**

Call (801) 357-4141 or email livewelluv@imail.org with any questions.

First Name: _____ Last Name: _____

DOB: _____ Phone: _____ Email: _____

Address: _____

Healthy Lifestyle Program Details

- 6 months focused on improving overall wellness
- Weekly behavioral health/nutrition classes
- Twice weekly 1-hour personal training sessions
- Initial & Final* Consultations
 - BOD POD body composition*
 - Resting Metabolic Rate (RMR) Test
 - Functional Fitness Assessment*
 - 30-minute dietitian consult
- \$750 self-pay (HSA/FSA eligible; not billed to insurance)

What do you hope to achieve through participating in the 6-month Healthy Lifestyle Program? (List top 1-2 reasons)

List any physical activity limitations or concerns you have. e.g., current medical conditions, injuries, pain, etc.

List all days and times you're available for 1-hour personal training sessions.

Complete the attached PHQ-9 form.

Please review and initial your understanding and agreement for each of the program participation terms:

Healthy Lifestyle Program participant capacity is limited. If I am selected, I commit to being fully involved for the entire 6 months and doing all I can to take advantage of the resources that are provided. _____ (initial)

The program fee is **self-pay** (not billed to insurance), **non-refundable** and **non-transferrable**. _____ (initial)

The program fee must be **paid in full by the start date**. Payment may be made in 3 installments or one lump sum. _____ (initial)

This program is **not** intended for individuals whose primary interest is weight loss. If weight loss is your main goal, please ask us about other options. _____ (initial)

Consistent attendance of the weekly classes is vital to the overall experience (for both me and the group). **I agree to at least 75% attendance of weekly classes (I will miss no more than one class per month)**. _____ (initial)

HLP is a participant program, and physician referral is not required. As a participant, I am not a patient of Utah Valley Hospital. _____ (initial)

I will receive two 1-hour training sessions per week at the LiVe Well Center. _____ (initial)

It is my responsibility to commit to an exercise schedule including specific days and times for the duration of the program. _____ (initial)

I will notify my trainer with at least 24 hours advance notice if I will miss a training session. I understand that make-ups for missed training sessions are not guaranteed. _____ (initial)

I may work with various trainers throughout the program as staff schedules are subject to change. _____ (initial)

It is my responsibility to demonstrate effective communication with my trainer. E.g., if I experience pain/discomfort or am unable to perform a particular exercise. _____ (initial)

I commit to preparing for and completing the initial and final consultations. This includes fasting, wearing appropriate athletic attire to complete the assessment, and following all preparatory instructions. _____ (initial)

There is zero tolerance for inappropriate behavior/language towards LiVe Well Center staff/interns and other program participants. If I violate this expectation, my participation in the Healthy Lifestyle Program will be terminated without a refund. _____ (initial)

There may not be HLP meetings or training sessions during the recognized holidays listed below. _____ (initial)

- Week of New Years
- Martin Luther King Jr. Day
- Presidents' Day
- Memorial Day
- Independence Day
- Pioneer Day
- Labor Day
- Week of Thanksgiving
- Week of Christmas

Signature: _____ **Date:** _____

Please return your completed application to the Utah Valley LiVe Well Center in-person or via email livewelluv@imail.org (subject line *HLP Application*).

Patient Health Questionnaire (PHQ-9) (page 1 of 1)

Today's Date: _____ Patient's Name: _____ Date of Birth: _____

Are you currently: on medication for depression? not on medication for depression? not sure? in counseling?

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling/staying asleep, sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed, or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Total each column				

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

A. Not difficult at all Somewhat difficult Very difficult Extremely difficult

B. **In the past 2 years**, have you felt depressed or sad most days, even if you felt okay sometimes?

YES NO

Comments:

For Office Use Only:

Symptom score (total # of answers in shaded areas): _____

Severity score (total all points from all questions): _____



PHQ 50408