Health Initiatives
Innovative Health Solutions

Conquering Disease Program Agreement

(Please read carefully, use a ball point pen, and call if you have questions)

Print Name: _____ Date of birth (mm/dd/yyyy) ____/____/_____
Last First Middle I.

Print Address: _____

_____ Zip: _____ Phone: _____

By signing this document, I am agreeing to participation in a program designed to provide education for lifestyle changes that, if I choose to apply them to my life, *may* result in:

- Reduction in blood pressure
- Lowering of total cholesterol, LDL cholesterol and triglycerides
- Improved levels of HDL cholesterol
- Improvement in the distribution of cholesterol toward more buoyant, less damaging LDL components, and more buoyant, more beneficial HDL components
- Loss of weight, including a reduction in central obesity (fat within the abdominal wall)
- Reduction in fasting and post-meal blood sugar levels
- Reduction in insulin requirements and insulin levels through improved insulin sensitivity
- Regression of heart disease; elimination of, or reduction in, signs and symptoms associated with type 2 diabetes

Are you on medication for diabetes, heart disease or other medical condition? Should any of the above-listed changes occur, modifications in the levels of medications may be necessary. **Elimination or reduction in diabetes, cholesterol-lowering and blood pressure medications should *generally* be done under a physician's direction. Therefore, I agree to inform my physician of my level of participation, (specific to diabetics: to closely monitor my blood sugar levels as necessary), and to keep my physician informed of any medication problems or concerns.**

I understand that, as a participant in the program, I am required to

☐ **Keep regular appointments, as appropriate, by telephone or the internet, with my personal Health Coach-Educator.** Coaching programs range from self-guided with occasional Coach contact, to regularly-scheduled meetings, depending on your individual circumstances and goals. Appointments may be monitored or recorded for quality control purposes. The length of the program varies, depending on individual circumstances. Your personal coach is an educator and does not diagnose, prescribe for, or treat disease, illness or injury. Personal medical issues and questions should be discussed with your physician.

☐ **Complete assignments -** Educational resources may include books, articles, interactive web-based tools, group meetings by telephone or the web, and webcasts

☐ **Engage in a healthy, goal-specific, evidence-based nutritional program,** selections ranging from the vegetable/fruit/whole-grain-rich approach recommended by the Harvard School of Public Health to the disease-reversing whole-food plant-based programs recommended by Drs. Joel Fuhrman, Dean Ornish, Neal Barnard, Caldwell Esselstyn, and others.

☐ **Engage in a progressive exercise program** - aerobic exercise, strength training and stretching

☐ **Complete health-risk assessments**

☐ **Check and verifiy biometrics and labs –** Weight, waist measurement, blood pressure, lipids and blood sugar, **(Diabetics** add HbA1c tests; plus we recommend a stimulated C-peptide test to assess insulin production levels)

I understand the terms as stated above and release all parties in any way associated with the program from any liabilities, whether caused by negligence, miscommunication or otherwise. Accordingly, I assume full responsibility for any decisions or changes I make in connection with the program. I understand that my personal information, including test results, is confidential but may be used for statistical analysis. If I am diabetic I will work cooperatively with my physician as I actively change my nutritional and/or exercise habits.

Signature: _____ Date: ____/____/_____

Mail to: Health Initiatives, PO Box 120099, Melbourne, FL 32912. Questions? To request a call from a Health Initiatives team member call **800-264-2562;** when you hear the recording, press the pound (**#**) button and **2911**.