



Dear Restore Participant,

Thank you for working with us through the Restore program. Please use the verification form to submit your results for graduation. Your health and comments are very important to us. Management takes time to review every survey. Feel free to contact us if you have any questions or concerns.

**ENCLOSED YOU WILL FIND THESE MATERIALS TO COMPLETE AND SEND BACK TO US:**

1. Restore Follow-Up Verification
2. Health and Performance Survey
3. Health Initiatives Survey

**PLEASE RETURN INFORMATION TO:**

Christian Care Ministry  
Attention: Health Initiatives  
P.O. Box 120099  
West Melbourne, FL 32912  
Phone: 800-264-2562 extension #2911  
Fax: 321-308-7775

Sincerely,

A handwritten signature in black ink, appearing to read "John Reinhold", written over a horizontal line.

John Reinhold  
Health Initiatives Manager



Date: _____	Initials: _____	Member: _____
Head of Household: _____		SS# _____

P.O. Box 120099  
W. Melbourne, FL 32912  
**Phone-800-264-2562 Fax- (321) 308-7775**

### Restore Follow-up Verification

Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Member number (if applicable) \_\_\_\_\_

**Applicant or Member: These measurements must be taken and entered by a credentialed health professional (Doctor, RN, RD, Chiropractor, Emergency Medical Service Personnel, or Fitness Professional) or submitted with official medical reports. Fasting glucose and fasting blood lipid measurements must be taken via veinpuncture.**

**Name of Authorized Person: (Please print):** \_\_\_\_\_

**Agency (Please print):** \_\_\_\_\_

**Title of Authorized Person (Please print):** \_\_\_\_\_

**Office phone #:** \_\_\_\_\_ **Date of the measurements taken and entered below:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE – THIS FORM WILL NOT BE PROCESSED WITHOUT WAIST MEASUREMENT VERIFICATION. TAKE A TAPE MEASURE WITH YOU, IF NECESSARY.**

<b>Height</b> (without shoes): _____ inches	<b>Weight</b> (without shoes): _____ pounds				
<b>Estimated weight of clothing during weighing:</b> _____ lbs.					
<b>Waist measurement</b> (at umbilicus; abdomen relaxed) _____ inches					
<b>Hip measurement</b> (maximal girth of the hips or buttocks, above the gluteal fold) _____ inches					
	<table border="0"> <tr> <td style="width: 30px;"></td> <td style="width: 30px; text-align: center;">1</td> <td style="width: 30px; text-align: center;">2</td> <td style="width: 30px; text-align: center;">3</td> </tr> </table>		1	2	3
	1	2	3		
<b>Systolic Blood Pressure *</b> _____	_____				
<b>Diastolic Blood Pressure *</b> _____	_____				
*Note: If blood pressure is $\geq 130/85$ , please confirm through 2 repeat measurements on the same day.					
<b>Fasting Serum Glucose</b> _____ mg/dl	<b>Fasting Total Cholesterol</b> _____ mg/dl				
<b>Fasting Triglycerides</b> _____ mg/dl	<b>Fasting LDL Cholesterol</b> _____ mg/dl				
	<b>Fasting HDL Cholesterol</b> _____ mg/dl				

**Please list medication and/or supplements you are currently taking:** \_\_\_\_\_

**I have personally documented the entries for the above-named person and, to the best of my knowledge, the numbers I have entered are accurate.**

**Signature of Authorized Person:** \_\_\_\_\_

**I affirm that all of the above entries are accurately reported and entered by the authorized person.**

**Signature of Applicant or Member:** \_\_\_\_\_

## Lab Testing Discounts

**The Direct Access Lab services below offer you the convenience of ordering your own laboratory work. They claim savings can be 50%-70% less than what a hospital or doctor may charge.**

The Process:

1. Call a toll free number below.
2. Indicate your Medi-Share status (applicant or member).
3. Ask for the testing facility nearest you.
4. Indicate the test(s) you wish to order.
5. Pay for your order.
6. Your testing information will arrive via email or postal mail.
7. Take your testing information to the facility you selected when you placed your order.
8. Wait for your confidential test results.

Several companies offer testing. Two are listed below. A phone call or visit to the web site would indicate whether testing is available in your area.

Laboratory testing is not a treatment but a tool to aid in the detection of illness and disease. Your test results should show a range for normal readings. It is possible that results outside of the normal range may indicate a false positive or may be normal for you. **If your results do fall outside of the normal range it is important that you consult with your doctor.** It is also a good idea to share your results with your doctor even if they are in the normal range.

### **Health Tests Benefits\***

**1-800-918-9999 extension 203**

### **Direct Laboratory\***

**1-800-908-0000**

\* Direct Lab Testing is not offered in New York, New Jersey, and Rhode Island

**Christian Care Medi-Share does not endorse these companies. According to our official member-voted Program Guidelines section VIII F Medi-Share does not share in well patient care such as routine lab studies. We are making our members and applicants aware of this service and the potential savings.**

Use the check list below in order to obtain your best personal results.

#### **For Labs:**

- ✓ Do not fast more than 12 hours. ( A prolonged fast can raise cholesterol levels)
- ✓ Stay well hydrated by drinking 8-10 glasses of water per day for 72 hours before testing.
- ✓ Some medications and supplements can affect your results. Please list all your meds.
- ✓ Be well rested and stay calm. Undue anxiety and nervousness can affect blood pressure and some lab values.
- ✓ Blood drawn from a vein is more reliable than a finger stick. Finger stick samples may need to be repeated, especially if the finger was squeezed or milked to get the blood drop.
- ✓ Laboratories often discount a combined lipid and glucose test.

#### **For waist:**

- ✓ For waist measure apply measuring tape to skin at the level of your umbilicus. (belly button)

#### **For Blood pressure:**

- ✓ Sit for 5 minutes before you check your blood pressure.
- ✓ Position is important for obtaining accurate results. Place your elbow on a table at the level of your heart for testing and keep your feet uncrossed and touching the floor. (The left arm is usually the most accurate)

Name (print)

DOB (mm/dd/yy)  /  /

Today's Date (mm/dd/yy)  /  /

**Health and Performance Survey**

**Exercise Habits** - write in the number

**4 Types of Exercise**

Days per week you engage in each type

Average number of minutes per week, each type

**Aerobic** - Swim, jog, cycle, walk fast . . .

**Strength** - Weights, machines, rubber bands . . .

**Stretching, Range of Motion**

**Skilled Movement** - Activity that requires agility, balance, coordination - e.g., dance, tennis, martial arts

Mark an X in each rectangle below to indicate your activity level

Active and fit      Somewhat active      Inactive

Childhood

Teen years

Adult life

Past year

**Fitness & Health** - Select the one best answer.

My overall health	Excellent	Very Good	Good	Fair	Poor	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My stress level	Low	Medium	High	Extreme		
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Work days missed for injury or illness last 12 mos.	0	1-3	4-5	6-9	10-15	16+
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Alcohol Use**

Abstain    Occasional    Light    Moderate    Above-moderate

              

**Occasional** = Light and infrequent alcohol consumption on special occasions

**Light** = 12 oz beer; or 5 oz wine, or 1.25 oz of 100 proof per day

**Moderate** = 24 oz beer; or 10 oz wine, or 2.5 oz 100 proof per day

**Tobacco Use**

Number of pack years (multiply average number of packs per day by the number of years you smoked)

Check boxes to the left of each item that describes you today -

Occasional cigar

Frequent cigar smoker

Chew tobacco

Have not smoked in the past year

**Life Themes**

	Yes	Somewhat	No
I value the spiritual dimension of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a satisfying spiritual life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a close, trusted friend whom I see regularly, whom I enjoy, and with whom I can be open and honest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get sufficient time & quality time with the special people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work is satisfying and consistent with my abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	Somewhat	No
I apply my talents in the voluntary service of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work consumes no more time than it should.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take sufficient time for enjoyable recreation that restores my energy and renews my spirit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get 7-9 hours of sleep per night and awaken rested.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My life is right where I would like it to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Biometrics, Labs**

Height, without shoes  Wt, without clothes

My typical blood pressure is  /

My waist measurement at the belly button, tape level, my abdomen relaxed

	<20"	20 - 25"	25 - 29"	30-34"	35-39"	40-44"	>=45"
Males only -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Females only -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My total cholesterol is

My fasting blood sugar is  Last HbA1c

On diabetes, heart, blood pressure or cholesterol meds?

**What I Eat - Servings per day**

	0	<1	1-2	3-4	5-6	7+
Vegetables-raw, cooked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruits, 100% juices, berries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans, legumes, nuts, seeds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100% whole grain foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processed breads, pasta, rice, cereals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Milk and cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Servings per week**

	0	<1	1-2	3-4	5-6	7+
Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poultry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee, tea, soft drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red or processed meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desserts and sweets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretzels, chips, crackers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fast food meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



My Health Consultants name is/was:  
\_\_\_\_\_

## HEALTH INITIATIVES SURVEY

Member Name \_\_\_\_\_

Home phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please mark the statements below according to how you feel about the Restore program.

- 1 = Strongly agree**
- 2 = Somewhat agree**
- 3 = Somewhat disagree**
- 4 = Strongly disagree**
- NA = Not applicable**

\_\_\_\_\_ The Health Consultant was professional, knowledgeable, and courteous.  
Comment: \_\_\_\_\_

\_\_\_\_\_ The Health Consultant spent an adequate amount of time with me.  
Comment: \_\_\_\_\_

\_\_\_\_\_ The Health Consultant made and kept scheduled appointments.  
Comment: \_\_\_\_\_

\_\_\_\_\_ The Health Consultant assisted me in making and reassessing specific, measurable, and realistic health related goals.  
Comment: \_\_\_\_\_

\_\_\_\_\_ The Health Consultant helped me identify barriers to achieving my goals and strategies for overcoming them.  
Comment: \_\_\_\_\_

\_\_\_\_\_ I am at a better place healthwise as a result of working with a Health Consultant.  
Comment: \_\_\_\_\_

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><b>1 = Very useful</b></li> <li><b>2 = Somewhat useful</b></li> <li><b>3 = Not very useful</b></li> <li><b>4 = Have not used at all</b></li> <li><b>5 = Was not included in my package</b></li> </ul> | <ul style="list-style-type: none"> <li>_____ Restore Notebook</li> <li>_____ Eat to Live Book / Audio-CD / DVD, By: Dr. Joel Fuhrman</li> <li>_____ Diet for All Reasons Video, By: Dr. Michael Klapner</li> <li>_____ Restore Cook Book, Tracking Charts, Diet Food Charts</li> <li>_____ Pedometer, Step Counter</li> <li>_____ Health Initiatives Website</li> <li>_____ Health &amp; Performance Survey</li> </ul> |
|--|--|

Check any of the following changes made since you started working with your CCM Health Consultant.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>_____ Initiated fitness/activity program</li> <li>_____ Began Weight Loss/Maintenance Program</li> <li>_____ Utilized Stress Management Skills</li> <li>_____ Implemented Healthier Eating Habits</li> <li>_____ Strengthened Relationship with Christ</li> </ul> | <ul style="list-style-type: none"> <li>_____ Reduced Cholesterol/Lipids</li> <li>_____ Controlled Blood Pressure</li> <li>_____ Sought Physician Attention</li> <li>_____ Reversing Diabetes</li> </ul> |
|--|---|

Please write additional comments on the back of this survey. Your feedback is very important and will be used to improve our services. If provide a testimony we will correct spelling, grammar, and terminology. For example, if you refer to Medi-Share as insurance the correction will read sharing ministry. If you bless us with a testimony please fill out the enclosed, General Release Form. Thank you.



## Christian Care Ministry General Release Form

I \_\_\_\_\_ (hereinafter referred to as Member) hereby agree to allow Christian Care Ministry the use of my written correspondence, portrait, likeness, and/or voice to use for any advertising or informational purposes as long as it is related to Christian Care Ministry or any of the CCM programs.

I agree to hold harmless Christian Care Ministry from any and all liabilities associated with the use of my correspondence, portrait, likeness, and/or voice.

I have fully read, understood and executed this agreement freely and voluntarily. By signing this document I accept all terms and conditions of this agreement.

\_\_\_\_\_  
Member Signature  
(Parent or Guardian if Member is under 18 years of age)

\_\_\_\_\_  
Date

-----  
Please print name and address below:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone numbers \_\_\_\_\_