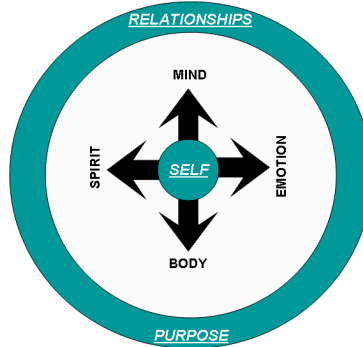


WELLNESS PROGRAMS



Goal: Better Balanced Health and Wellness Across Your Life.

CHOOSE A WELLNESS PROGRAM THAT FITS!

~Up to 25% off of services included in the plan~

Wellness is a philosophy of balanced living. While Green Wave offers many services individually, we recommend choosing a Wellness program to fit your needs that is designed from all that we offer. Once you complete your evaluation, a consultation is next to customize and begin your wellness program of choice.

Steps to Wellness:

1. Review the programs below.
2. Fill out the following Wellness program evaluation.
3. Set up a Consultation to develop your Wellness program of choice.
4. Get started!

I. Wellness Renewal Program:

This program is utilized for the immediate repair of a highly stressed area of balance.

For Example: • Severe neck or back pain • Relationship conflict • Major loss in life • Other crisis

The greatest area of stress or dysfunction dictates the priority service and the other services recommended are designed to support the establishment of Health and Wellness. Due to the level of stressful impact of the primary concern, life coaching or counseling is considered an important part of this program. The goal is to alleviate pain and reestablish direction toward health and wellness as soon as possible.

II. Wellness Tune-Up Program:

This program is utilized to assist with minor stresses, life transitions and/or for those who want to get back on track with balanced health and wellness.

For example: • Life coaching for an individual or relationship struggle.

- Assistance with concerns around weight management or medical diet.
- General aches and pains or simply a desire to enhance an area of life.

While a target issue may be apparent, this program includes an emphasis on a broader array of services for general polishing of one's health.

III. Wellness Lifestyle Program:

This program is utilized as one adopts an active role in maintaining their best level of Balanced Health and Wellness across their lifespan. While those in this program are often doing well enough to be on a self-schedule basis, routine services are set up for every 3 to 6 months or as needed to keep an active awareness of your balanced health and wellness. **Most wellness clients have this program as their ultimate goal.**

**To establish wellness and maintain the discounts, each program has a minimum of 3 different services to complete the initial 3 weeks.*



215 Forest Park Circle • Panama City, Florida 32405
www.GreenWaveFamilyWellnessCenter.com

WELLNESS PROGRAM EVALUATION

PLEASE CHECK YOUR VIEW OF EACH ASPECT OF YOUR BALANCE IN HEALTH AND WELLNESS.

Purpose: To help you evaluate your own balanced health and assist in customizing your wellness program of choice.

THREE ASPECTS OF BALANCE	GENERAL FOCUS AREAS	Poor	Stressed	Fair	Good	Excellent
SELF We must take care of our self to be able to meet our potential in all our other areas of life.	SURVIVAL/STABILITY (Able to consistently meet own needs)					
	FUN (Involved in types & frequency of activities that bring joy)					
	FREEDOM (Able to express and do what one wants in life)					
	MENTAL (Focus, memory, problem-solving, health of self-beliefs)					
	EMOTIONAL (Connection/ expression/stability of emotion, joy level)					
	PHYSICAL (Body-image, level of function, health, recovery speed)					
	SPIRITUAL/MORALS (Life choices reflect higher power ideals/codes)					
RELATIONSHIPS Relationships both inside and outside our family can effect our quality of life.	FAMILY (Quality of connection, structure and communication)					
	SIGNIFICANT OTHER (Level of intimacy, passion & commitment)					
	FRIENDS (Quantity, quality, compatibility, frequency of activities)					
	COMMUNITY (Acceptance, pride, contribution, qualities desired)					
	WORK (Joy w/ & quality of connection to collogues & management)					
	SPIRITUAL (Trust in spiritual leader, Connection to higher power)					
PURPOSE We play many roles in our life that contribute to personal meaning and fulfillment. Each role is an expression of our purpose.	SELF (Active in/on track w/ the roles/goals in life thought valuable)					
	PROFESSIONAL (Fulfillment, quality, compatibility,growth,training)					
	OFFICE (Home/office work area's organization, design, resources)					
	FINANCIAL (Active w/ budget, investment, education, retirement)					
	HOME (Stability, organization, design, resources, comfort, safety)					
	LEARNING/GROWTH Activity/commitment in self/life expansive areas					
	SPIRITUAL (Active in faith, living consistent with expectations)					

Please check the blank before the wellness program you believe is the best fit for your needs.

_____ **I. Wellness Renewal Program:**
This program is utilized for the immediate repair of a highly stressed area of balance.

_____ **II. Wellness Tune-Up Program:**
This program is utilized to assist with minor stresses, life transitions and/or for those who want to get back on track with balanced health and wellness.

_____ **III. Wellness Lifestyle Program:**
This program is utilized as one adopts an active role in maintaining their best level of Balanced Health and Wellness across their lifespan. While those in this program are often doing well enough to be on a self-schedule basis, routine services are set up for every 3 to 6 months or as needed to keep an active awareness of your balanced health and wellness. Most wellness clients have this program as their ultimate goal.

WELLNESS PLAN SERVICES EVALUATION FORM

What is your primary concern or reason for exploring one of our wellness programs?

Please answer the following to assist in the wellness program design.

(All of our primary services are reviewed)

Family Chiropractic (Gentle spinal alignment and removal of Central Nervous System interferences) **Desired (Yes No Maybe)**

- Circle Rank of overall Level in the functioning of your physical body (POOR—STRESSED—FAIR—GOOD—EXCELLENT)
- Have you had any physical trauma in the past resulting in physical symptoms? (Yes or No) Still feel effect? (Yes or No)
- Share concerns or questions: _____

Therapeutic Massage (Soft tissue work to relax, release and facilitate healing) **Desired (Yes No Maybe)**

- Circle Rank of overall Level of soft tissue comfort (POOR—STRESSED—FAIR—GOOD—EXCELLENT)
- Have you had any physical trauma to soft tissue resulting in physical symptoms? (Yes or No) Still feel effect? (Yes or No)
- Share concerns or questions: _____

Nutritional Scan/Guidance (Electronic eval. of body systems, supplements & meds for insights) **Desired (Yes No Maybe)**

- Basic Scan Advanced Scan I (Cause Investigation) Advanced Scan II (Testing Vitamins, Minerals & Medications)
- Note any organs or body systems in challenge: _____ If taking Meds, any concerns of side effects? (Y or N)?
- Share concerns or questions: _____

Weight Loss Program (Determine weight gain cause and use natural means and advanced technologies for health. **(Yes No Maybe)**

- Are you your ideal weight? (Yes or No) Desired pounds lost or gained _____ Do you have healthy eating habits? (Yes or No)
- Do you have the level of energy and fitness you desire? (Yes or No) Are you sleeping well? (Yes or No)
- Do you have a medical condition that requires a special diet? (Yes or No) If Yes List: _____

Supplement Based Hormone Balancing (Establishes healthy production and regulation via hormone nutrients) **Desired (Yes No Maybe)**

- Are you experiencing any dips or fluxuations in your energy level? (Yes or No) or sex drive? (Yes or No) or moods? (Yes or No)
- Have you had difficulty regulating your body temperature? (Yes or No) Any severe symptoms with menstruation? (Yes or No)
- Share concerns or questions: _____

Infrared Sauna (Healing effects of the sun without the ultraviolet. Spurring on health and cleanses the body) **Desired (Yes No Maybe)**

- Circle Rank of overall Level of soft tissue comfort (POOR—STRESSED—FAIR—GOOD—EXCELLENT) Are you experiencing any immune challenges? (Yes or No) Circle any of the following you many desire assistance for weight loss, detoxify, rejuvenate skin, pain relief, boost metabolism, enhance the immune system. Healing begins in just one treatment.

Detox and Weight Loss Body Wrap (Use of a buffing cream, contour lotion, and body wrap to cleans and contour) **(Yes No Maybe)**

- *Do you have any concerns around elasticity or loose and saggy skin, or cellulite areas? (Yes or No)
- Do you have any special condition of the skin to be improved (acne, sensitivity, scars, cellulite, sun damage or _____)?
- Are there specific areas of the face/body you would like to focus upon for skin work? _____
- Any need for Pre/post operative treatments of skin, methods of detoxification or lymph-stimulation work? (Yes or No)

Therapy/Counseling (For more efficient establishment of life balance and psychosocial functioning) **Desired (Yes No Maybe)**

- Individual Therapy Family Therapy Couple/Marital Therapy
- Circle Rank of overall Level of functioning on the personal level (POOR—STRESSED—FAIR—GOOD—EXCELLENT)
 - Circle Rank of overall Level of functioning on the relationship level (POOR—STRESSED—FAIR—GOOD—EXCELLENT)
 - Share concerns (e.g., trauma, grief, divorce, abuse...) _____

Life Coaching (Guidance to move to your next level of life balance and performance) **Desired (Yes No Maybe)**

- Do you find that you have a moderate amount of stress or challenge in an area of life and could benefit from a life coach (Yes or No)
- Circle any coaching desired: Stress, life balance, relationships, purpose, profession, finances, health issues _____
- Share concerns or questions: _____

Referring Practitioner: _____

Client: _____

Date: _____

*******DO NOT FILL OUT***** WELLNESS PROGRAM DESIGN**

Chosen wellness program: _____

1. Family Chiropractic (Gentle spinal alignment and removal of Central Nervous System interferences)

Concerns or Insights: _____

<u>Level of Need</u> Low Med High	<u>Start Sequence</u> ASAP or Following	<u>Frequency</u>	<u>Up Date</u>	<u>Up Date</u>

2. Therapeutic Massage Therapy (Soft and connective tissue work to relax, release and facilitate healing)

Concerns or Insights: _____

<u>Level of Need</u> Low Med High	<u>Start Sequence</u> ASAP or Following	<u>Frequency</u>	<u>Up Date</u>	<u>Up Date</u>

3. Nutritional Scan/Guidance (Electronic eval. of body systems, vitamins, minerals, & meds for insights to healing & wellness)

Basic Scan Advanced Scan I (Cause Investigation) Advanced Scan II (Testing Vitamins, Minerals & Medication effects)

Concerns or Insights: _____

<u>Level of Need</u> Low Med High	<u>Start Sequence</u> ASAP or Following	<u>Frequency</u>	<u>Up Date</u>	<u>Up Date</u>

4. Weight Loss Program (Determine weight gain cause and use natural means and advanced technologies for health.)

Concerns or Insights: _____

<u>Level of Need</u> Low Med High	<u>Start Sequence</u> ASAP or Following	<u>Frequency</u>	<u>Up Date</u>	<u>Up Date</u>

5. Supplement Based Hormone Balancing (Establishes healthy production and regulation via hormone nutrients)

Concerns or Insights: _____

<u>Level of Need</u> Low Med High	<u>Start Sequence</u> ASAP or Following	<u>Frequency</u>	<u>Up Date</u>	<u>Up Date</u>

6. Infrared Sauna (Healing effects of the sun without the ultraviolet. Spurring on health and cleanses the body)

Concerns or Insights: _____

<u>Level of Need</u> Low Med High	<u>Start Sequence</u> ASAP or Following	<u>Frequency</u>	<u>Up Date</u>	<u>Up Date</u>

7. Detox and Weight Loss Body Wrap (Use of a buffing cream, contour lotion, and body wrap to cleans and contour)

Concerns or Insights: _____

<u>Level of Need</u> Low Med High	<u>Start Sequence</u> ASAP or Following	<u>Frequency</u>	<u>Up Date</u>	<u>Up Date</u>

8. Therapy/Counseling (For more efficient establishment of life balance and psychosocial functioning)

Individual Therapy Family Therapy Couple/Marital Therapy

Concerns or Insights: _____

<u>Level of Need</u> Low Med High	<u>Start Sequence</u> ASAP or Following	<u>Frequency</u>	<u>Up Date</u>	<u>Up Date</u>

9. Life Coaching (Guidance to move to your next level of life balance and performance)

Concerns or Insights: _____

<u>Level of Need</u> Low Med High	<u>Start Sequence</u> ASAP or Following	<u>Frequency</u>	<u>Up Date</u>	<u>Up Date</u>

10. Other

Concerns or Insights: _____

<u>Level of Need</u> Low Med High	<u>Start Sequence</u> ASAP or Following	<u>Frequency</u>	<u>Up Date</u>	<u>Up Date</u>

Referring Practitioner: _____

Client: _____ **Date:** _____

Primary Practitioner: _____

Client Referral Permission Signature: _____

**To establish wellness and maintain the discounts, each program has a minimum of 3 different services to complete the initial 3 weeks.*