

December 14, 2011

Dear Participant,

We are delighted that you have decided to enroll in the 2012 Winter Wellness Challenge.

Please realize that, during the six weeks, you are expected to do your best to eat a vegan diet and to step up your current exercise program.

To register, please complete and return the following to the office:

- Participant's Consent
- Intention, Disclosure, and Liability Release
- Physician's Consent
- Beginning Coronary Risk Panel and Fasting Glucose results (copy)
- Questionnaire

All of the completed forms must be received at the office no later than Friday, January 20<sup>th</sup>. Early return of your paperwork will increase the chance of you getting your preferred location. Your location will be assigned when all of your paperwork has been received at the office.

Also, getting your doctor's consent and your blood test results can take time, so we encourage you to schedule an appointment as soon as possible. For your convenience, the forms may be faxed to 329-3714.

There is no fee for the program; however, you are required to purchase educational materials which include "Eat to Live" by Joel Fuhrman, M.D., "The Engine 2 Diet" by Rip Esselstyn, a pedometer, notebook/handouts, and food for demonstrations for \$50. If, for any reason, you do not complete the program there will be no refunds.

The blood tests may or may not be covered by your insurance. If you follow the enclosed instructions, the combined cost of the two tests should not exceed \$50.

If you have any questions, please call the office at 329-2590 or 329-2048.

We congratulate you on joining the Winter Wellness Challenge. We hope you find it to be a life-enhancing experience.

Sincerely,



Douglas D. Mercer  
President and Founder



## 2012 Winter Wellness Challenge Schedule

The Winter Wellness Challenge begins the week of January 30<sup>th</sup> and ends the week of March 19<sup>th</sup>. It includes seven consecutive weekly sessions. Session One and session six will be 2 hours in duration. The other five sessions will be 1 ½ hours each.

To achieve the greatest benefits from the program, we encourage you to attend all the sessions. If a scheduling conflict develops in a particular week, you may attend another session that week. Please schedule such a change with your facilitator.

Location offerings are listed below. Select your desired location and a second choice. Record them on line two of the Participant's Consent form.

### Southampton

Monday: Start at 7:00 pm

January 30, February 6, 13, 27, March 5, 12, 19

Southampton Hospital

The Ed & Phyllis Davis Wellness Institute

240 Meeting House Lane

### East Hampton

Tuesday: Start at 7:00 pm

January 31, February 7, 14, 28, March 6, 13, 20

East Hampton Day Care Learning Center

Gingerbread Lane Extension

### Bridgehampton

Wednesday: Start at 10:30 am

February 1, 8, 15, 29, March 7, 14, 21

Hampton Library in Bridgehampton

2478 Montauk Highway

### Sag Harbor

Thursday: Start 3:30 pm

February 2, 9, 16, March 1, 8, 15, 22

Pierson School, Room 1140

200 Jermaine Avenue



## Wellness Challenge Participant's Consent

Legal Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Desired program location \_\_\_\_\_ Second choice \_\_\_\_\_

Name for name tag \_\_\_\_\_

Street or P.O. address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Preferred telephone \_\_\_\_\_

**The Wellness Challenge** is a fast-paced, seven-session opportunity to jump-start your motivation and put you on the path to wellness. The required texts are "The Engine 2 Diet" by NY Times best-selling author Rip Esselstyn, a professional fireman and world-class athlete, and "Eat to Live" by Joel Fuhrman, MD, a board-certified family physician who specializes in preventing and reversing disease through nutritional and natural methods. The program also includes input from T. Colin Campbell, PhD; Caldwell B. Esselstyn Jr., MD; Joel Fuhrman, MD; David A. Kessler, MD; Douglas J. Lisle, PhD; Henry S. Lodge, MD; and Wellness Foundation. During the program, participants will eat primarily whole, natural plant foods (a vegan diet) and increase their level of exercise. Participants are encouraged to begin these changes before session one.

### **Medically Approved and Amazingly Effective**

The program is designed to be fun and effective. Weekly meetings will educate and guide you on all you need to know to:

- Lose weight safely, effectively, and permanently
- Significantly lower your cholesterol and blood pressure
- Reduce dependence on prescription drugs
- Become more physically fit
- Reduce your risk of disease, including heart disease, stroke, and diabetes

### **Weekly Support Group**

- Our programs are led by trained facilitators to successfully deliver the most effective program.
- Receive step-by-step guidance to create a healthy body and lifestyle through lectures, discussions, interactive exercises, cooking demos, food samples, and more!
- Learn a simple but inspiring exercise program that will boost your metabolism and melt fat away.
- Produce results that are real and measurable.
- **BONUS!** Membership to our online community is included with this program. This provides an opportunity for support between meetings and a valuable resource for your health-related questions which are answered daily by one of our trained facilitators.

### **Schedule**

- See the Wellness Challenge Schedule enclosure.

### **Participant's Informed Consent:**

I, \_\_\_\_\_ (name of participant), have read and understand all the information and requirements describing the Wellness Challenge. I have been given the opportunity to discuss it and to ask questions. All my questions have been answered to my satisfaction. I voluntarily consent to participate in this program.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date



## Wellness Challenge Physician's Consent

### Section I – To be completed by patient

I, \_\_\_\_\_ (print name), have discussed my plans to participate in the Wellness Challenge with my physician, and I have obtained his/her approval to participate.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Section II – To be completed by physician

The Wellness Challenge is a guided nutrition program in which the participants are encouraged to reduce fat consumption and to eliminate processed and refined foods, dairy, and meat for a total of 42 days. Guidance will be given to encourage a diet of whole, natural plant foods, including whole grains, fresh fruits, vegetables, legumes, and nuts and seeds. Moderate physical exercise is also encouraged during this time. The Wellness Challenge program is designed to teach the participant the skills to achieve and maintain a healthy weight, reduce the risk of disease, and become more physically fit. The program is not intended to be instructional for medical diagnosis or treatment.

To help quantify your patient's progress, please provide him or her with beginning and completion prescriptions (to be done 5 weeks from the start of the program) for Coronary Risk Profile and Fasting Glucose blood tests. See attached Blood Test Requirements for more information.

Please indicate any limitations your patient may have in participating in the Wellness Challenge here.

By signing this form, I give my consent as the physician of the above listed participant to participate in the Wellness Challenge. I also agree to discuss any medical issues associated with the requested laboratory results with the participant and to provide any necessary medical advice regarding the results of such laboratory tests.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_



## INTENTION, DISCLOSURE, AND LIABILITY RELEASE

### INTENTION:

It is the intention of Wellness Foundation (the "Foundation") and its directors, officers, employees, and volunteers to provide information in regard to nutritional excellence, stress management, fitness, attitude, and the power of thoughts and words. The role of the Foundation will be as a facilitator. It is expected that people receiving information from the Foundation and/or participating in any of its meetings will be responsible for their own health and will be under the care of a medical professional for that purpose.

### DISCLOSURE:

Douglas D. Mercer, founder and president of the Foundation has no professional training, degrees or certificates in regard to wellness. All of his knowledge on the subject has been gained through personal experience by attending wellness institutes, studying professional literature, speaking and consulting with medical professionals, learning through experiences of family, friends, and acquaintances, and learning through changing his own habits.

### LIABILITY RELEASE:

The undersigned fully understands that he or she is responsible for any changes in lifestyle habits that he or she may choose to make. The undersigned also agrees to indemnify and hold Douglas D. Mercer, the Foundation, and/or its directors, officer, employees, or volunteers harmless from all claims, judgments, expenses and costs, including but not limited to attorney's fees incurred in connection with any claims brought as a result of his or her involvement in the Foundation and/or participation in any of its meetings or any of the Foundation's programs including the Wellness Challenge and subsequent support including, but not limited to, any claim of medical complications, allergic reaction, or failure to achieve his or her desired health benefit.

The Wellness Challenge is designed to teach skills to achieve and maintain a healthy weight and to improve health. The program is not intended to be instructional for medical diagnosis or treatment. Please consult with your physician before beginning any of the Foundation's programs or any other weight loss program. If there is a change in your medical condition as a result of your participation in any of the Foundation's programs, you should immediately notify your physician.

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Legal name (print)

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Participant's Signature

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Date



## Blood Test Requirements

Testing for heart disease (Coronary Risk Panel) and diabetes (Fasting Glucose) is done to determine your risk for these diseases and to monitor your progress that results from the Wellness Challenge. Tests are required prior to beginning the program and on completion (5 weeks from the start of the program). If you have had these tests within the last month, they may be used as the beginning tests.

When you get your doctor's consent

- Have him or her write a prescription for the beginning and completion (5 weeks from the start of the program) Coronary Risk Panel and Fasting Glucose blood tests. To minimize your cost, be sure to limit the prescriptions to only the required two tests because labs charge for every item tested.
- The prescription should
  - Be marked "STAT" for 24 hour service
  - Request that a copy be sent directly to you. Your physician needs to write on the prescription that the test results may be released to you. Clarify how you want the results sent when you check in at the lab.

Your completion blood test should be done far enough in advance so you have adequate time to receive the results and fax them to the office so that they are received no later than the day before your class meets for the seventh session.

The blood tests may be done at the location of your choice.

FASTING prior to the tests is important for accurate results so getting to the lab first thing in the morning seems the most practical.

Southampton Hospital has generously agreed to do the blood tests for \$50, i.e. \$25 at the beginning and \$25 at the completion (5 weeks from the start of the program). If you have insurance, you are encouraged to use it. If the insurance company denies coverage, call the Southampton Hospital number on your bill and explain that you are part of the Wellness Challenge and would appreciate the opportunity to take advantage of their \$50 offer. The Southampton Hospital lab locations are:

- Lab East located at 200 Pantiago Road, Suite A, East Hampton (329-8630). Monday through Friday, the lab opens at 7:30 am. Saturday the lab opens at 8:00 am.
- Lab South located directly across the street from the hospital at 330 Meeting House Lane in Southampton (377-3475). Monday through Friday the lab opens at 6:30 am.
- Southampton Hospital Outpatient Lab located in the hospital at 240 Meeting House Lane in Southampton (726-8250). Monday through Saturday the lab opens at 7:00 am.



## Wellness Challenge Questionnaire

The personal understanding that you will achieve by completing this questionnaire will benefit you during the program and on your future wellness journey. In addition, the information is essential for us to demonstrate the effectiveness of the program to our donors. Accordingly, the completion of the questionnaire is a requirement to graduate.

The information you provide will be used by Wellness Foundation to facilitate your progress and to establish a track record of results. The information will be kept strictly anonymous unless we obtain your approval to do otherwise.

Complete the questionnaire except for the section entitled "Body Measurements" and the items throughout marked "On Completion," "Intention for Next Six Months," and "Accomplishments."

Legal name (print) \_\_\_\_\_

Date of birth \_\_\_\_\_

How did you hear about the Challenge?

Have you previously tried another program to improve your health? If so, explain.

List your main health concerns. Include all currently diagnosed conditions.

List all prescription drugs that you take.

Beginning

On Completion

Do you smoke and, if so, how much?

**Incentive, Goals, and Reward**

Set one principal wellness goal to be accomplished in the course of the six week program. Be realistic and as specific as possible. Some examples: Lower my blood pressure to 120/80, have fewer aches and pains, eliminate constipation, lose 10 pounds, reduce glucose to 100, reduce my total cholesterol to 150, etc. You also may set as many sub-goals as you like.

**Body Measurements**

Weight and waist-circumference measurements will be taken during Session One and Session Six. Blood test results are those derived from the blood test reports you provide us. We will record those numbers in the questionnaire.

	Beginning	On Completion
Weight	_____	_____
Waist measurement	_____	_____
Total Cholesterol	_____	_____
LDL	_____	_____
HDL	_____	_____
Triglycerides	_____	_____
Glucose	_____	_____

**Physical Conditions**

Fill in the number, on a scale of 0 to 10 (0 never and 10 always) that represents your experience.

	Beginning	On Completion
Allergies	_____	_____
Congestion - head and upper respiratory	_____	_____
Headaches	_____	_____
Sore or stiff muscles or joints	_____	_____
Back pain	_____	_____
Heartburn, acid reflux	_____	_____
Bloating after meals	_____	_____
Constipation	_____	_____
Diarrhea	_____	_____
Skin problems	_____	_____
Fatigue	_____	_____
Crave sugar	_____	_____
Crave fat	_____	_____
Crave salt	_____	_____
Eat to reduce emotional pain	_____	_____
Eat to reduce day to day stress	_____	_____
Energetic and invigorated	_____	_____
Mental clarity and focus	_____	_____

**Food & Beverage Choices**

Over an **average week** how many servings do you eat of the following foods?

	Intention for		
	Beginning	On Completion	Next 6 Months
Meat, including fish and poultry, eggs	_____	_____	_____
Dairy, including milk, butter, cheese, creamy dressings, sauces, soups, yogurt, ice cream, (i.e. cream soup = 1 serving of dairy)	_____	_____	_____
Whole grain products (as stated on ingredient label) (all types: wheat, barley, rice, oats, quinoa, etc.)	_____	_____	_____
Grain products other than "whole"	_____	_____	_____
Vegetables fresh and frozen	_____	_____	_____
Fruits fresh and frozen	_____	_____	_____
Nuts and seeds	_____	_____	_____
Beans	_____	_____	_____
Added oils in salad dressings, recipes, and for cooking	_____	_____	_____
Sweet deserts (not included elsewhere)	_____	_____	_____
Healthy snacks (not included elsewhere)	_____	_____	_____
Unhealthy snacks (not included elsewhere)	_____	_____	_____

Over an **average week** how many of the following do you consume?

Glasses of water	_____	_____	_____
Glasses of soda	_____	_____	_____
Glasses of fruit juice	_____	_____	_____
Cups of caffeinated coffee or tea	_____	_____	_____
Glasses of wine or equivalent (1 liquor = 2 wines)	_____	_____	_____

**Managing Healthy Eating**

Fill in the number, on a scale of 0 to 10 (0 never and 10 all the time) that represents your experience.

	Beginning	On Completion
Enjoy cooking	_____	_____
Plan meals ahead of time	_____	_____
Shop in an orderly fashion	_____	_____
Keep a food log	_____	_____
Prepare your kitchen with equipment/appliances	_____	_____
Cook in volume, keep extra in frig or freezer	_____	_____

**Exercise**

Has exercise been a significant part of your life? Has it been positive or negative? Explain.

Note **the number of hours per week** that you spend engaged in each activity. If you engage in an activity for less than a full hour, be sure to indicate the time accordingly, i.e. 1 ½ hours or ¾ hour.

	Intention for		
	Beginning	Completion	Next Six Months
Bike	_____	_____	_____
Jog	_____	_____	_____
Pilates	_____	_____	_____
Strength train	_____	_____	_____
Swim	_____	_____	_____
Walk	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Accomplishments**

To what extent did you accomplish your principal wellness goal and your sub-goals?

What benefits did you realize from exercise during the program?

Taking into account your family history, personal health, and risk factors for degenerative disease, what would be the negative effect on your health five years from now if you do NOT continue to exercise and eat a nutrient-rich diet as you learned to do during the Wellness Challenge? For example, do you think you would develop diabetes, heart disease, cancer, etc.?

**Future Goals**

What wellness goals would you like to achieve in the next six months? As at the beginning of the program, be realistic and be as specific as possible.

**Support**

What types of support would you find helpful for continuing this lifestyle? For example, would a more interactive website, support group meetings, or lectures and guest speakers provide motivation and guidance to stay focused?

**About the Wellness Challenge**

Score each item on a scale of 0 to 10 (0 little value, 10 very valuable).

Food demonstrations	_____	Handouts	_____
<i>The Engine 2 Diet</i>	_____	Pedometer	_____
<i>Eat to Live</i>	_____	Online Forum	_____
Facilitator presentations	_____	Other books	_____
Group support	_____	Overall benefit to you	_____

**Your Guidance**

Please share anything else you think would help us to improve the effectiveness of the program.