









Healthy@Harris Nutrition Counseling Agreement

Focus Areas are based on AADE7 Self-Care Behaviors

AADE7 Self Care Behaviors: How we can help	
Healthy Eating	Understand how nutrition affects your diabetes. Learn to control your blood glucose with proper nutrition while still enjoying your favorite foods. Learn to make food choices that help prevent other health problems.
Being Active	Understand the health-related benefits of being physically active and find ways to incorporate more activity in your life.
Monitoring	Learn which tools you need to properly self-monitor your blood glucose levels. Learn how to interpret the readings and what to do if your numbers are off target. You may also need to monitor your heart health (blood pressure, weight, and cholesterol), kidney health, eye health, and foot health.
Taking Medication	Get comfortable talking to your doctor about your medications. Learn which questions you should be asking. Get support for medication compliance.
Problem Solving	Learn how to plan ahead to avoid large fluctuations in blood glucose. Know when and what to eat for meals and snacks. Gain confidence in adjusting these goals as your diabetes needs change. Learn how to problem solve when unexpected things happen that can affect your health.
Reducing Risks	Discuss actions you can take now to reduce your risk of complications associated with diabetes including stroke, heart attack, kidney or nerve damage, and loss of vision.
Healthy Coping	Learn healthy ways to cope with stress that work with your lifestyle.

Contact us at employeewellness@harrishealth.org; 713-566-6686

Harris Health is committed to helping you achieve your best health. Incentives for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for incentives under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Crystal Cunningham 713.566.4391 (office); 346-302-4248 (Mobile) or via email at HarrisHealth@Cigna.com and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.











Program Details	
Appointments	Plan to complete 3 appointments minimum with a Registered Dietitian. Additional appointments can be scheduled at the dietitian's discretion and based on availability. All appointments are during business hours. Availability is limited.
	Appointment time: 20-30 minutes
Educational Videos	This program includes videos and phone consultations. The videos provide educational information regarding meal planning and diabetic diet. Each video needs to be viewed by the deadline. After viewing, you will meet with the dietitian to set your goals, review progress and ask questions.
	 The video is required The video must be viewed prior to your call with the dietitian The video will be sent to you after registration is confirmed
Forms	You will be required to complete certain forms throughout the program. Prior to starting Nutrition Counseling Agreement 3 Day Food Record Pre Program Evaluation Before each follow up visit with the dietitian 3 Day Food Record Goal assessment worksheet After program Post Program Evaluation
Cancellations	Please be mindful of the limited appointment availability. We request that you give at least 24 hour notice if you need to cancel an appointment.
Responsibilities	 View webinars by the deadline provided Complete a 3-day food journal prior to each visit Complete a goal assessment worksheet prior to each follow up visit Complete 3 appointments within 6 months of the initial assessment Complete agreement, and pre and post evaluations
Rewards	Anyone who fulfils the responsibilities will receive 50 Premium Points per completed session, up to 150 Premium Points.

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Please complete and return this portion to EmployeeWellness@harrishealth.org My Overall Health Goals: Please list 2-3 goals you would like to accomplish from these sessions. By checking, I agree to meet with a Registered Dietitian to discuss nutrition-related strategies to improve my diabetes self-management. I understand that I am not obligated to share any personal health information. All information will be kept confidential. I fully understand the responsibilities of this program and agree to meet them. I understand that space in this program is very limited. If for any reason I cannot meet the requirements, I will notify the dietitian so that another employee may participate. Name (print): Relationship: (Circle One) Employee Spouse Employee ID: _____ Pavilion (employee only): Phone: Signature: Date:

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