



Health Coaching Application Form

For active Pima County employees insured through one of Pima County's UnitedHealthcare plans.

Thank you for your interest in health coaching through Pima County Employee Wellness! Please make sure to read the "Health Coaching 101" document before submitting your request. By submitting this form you are agreeing to keep your appointment time or cancel no less than one week prior, to actively work towards your goal, and to participate in an anonymous progress survey after each block of three sessions. (If you cannot make your appointment in person, you may also arrange for a telephonic session.) All personal health information will be kept entirely confidential.

Name:		EIN:	
E-mail:		Phone:	
Please indicate your primary focus area(s) for health coaching, selecting one, two or three areas, prioritizing by #1, #2 and #3:			
<input type="checkbox"/> Watch Your Weight (lose, maintain or gain)			
<input type="checkbox"/> Stress Less (stress management)			
<input type="checkbox"/> Be Active (exercise planning & design)			
<input type="checkbox"/> Eat Smart (healthy eating planning)			
<input type="checkbox"/> Have a Healthy Heart (hypertension / cholesterol management)			
<input type="checkbox"/> Live Well (other health concerns/conditions, including diabetes, pregnancy, health risks)			
(Detailed focus area descriptions are available on our website.)			
I would like to schedule my appointments for the following dates/times: (Please see schedule posted on the website. Sessions should be either monthly or bi-monthly.)			
	Session 1	Session 2	Session 3
Location/Telephonic:			
Date:			
Preferred Time:			
Alternate Time(s):			
If another location might also work for you please indicate here:			
For telephonic sessions only – phone number:			
Additional Notes or Comments for Scheduler or Health Coach:			

Employee Wellness will contact you within one to two days after your form is received to confirm your appointments or discuss scheduling. When your sessions are confirmed, you will receive a short Health Questionnaire to complete and bring with you to your first coaching session.

Return form to: wellness@pima.gov (use Submit By Email button above) or 150 W. Congress, 4th Floor or fax to 740-8150.