**Native Wellness Consultation Form**

**Diabetes Management and Disease Prevention Program**

All information received on this form is treated as strictly confidential. Please fill out this form completely and accurately to your best ability. Information provided will be used to develop a wellness plan that addresses your needs, goals, and interests.

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| **Demographics** | | | | |
| **Full name** |  | | **Gender** ☐male ☐ female ☐ two spirit ☐ transgender ☐ nonconforming ☐ other: | |
| **Date of birth** |  | **Age** |
| **Mailing address** |  | | **Tribal affiliation** |  |
| **Phone number** | ☐home ☐work ☐ cell | | **Email** |  |

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| **Information** | |
| **How did you hear about meeting with the Native Wellness Coordinator?**  ☐ DIHFS provider/staff ☐ DIHFS program event ☐ Other community agency ☐ Community event  ☐ Friend/Family member ☐ Other: | |
| **What are the top reasons for your visit today with the Native Wellness Coordinator?** | |
| 1. | |
| 2. | |
| 3. | |
| **What are your top 3 wellness goals?** | |
| 1. | |
| 2. | |
| 3. | |
| **What does spiritual wellness mean to you?**  **What activities support your spiritual wellness?** | **What does emotional wellness mean to you?**  **What activities support emotional your wellness?** |
| **What does mental wellness mean to you?**  **What activities support your mental wellness?** | **What does physical wellness mean to you?**  **What activities support your physical wellness?** |

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| **Physical Activity** | | |
| **Do you engage in physical activity regularly?**  ☐ No; what makes it hard to exercise regularly?  ☐ Yes; please describe below | | |
| **Activity type** | **How often (days)** | **How long (minutes)** |
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| **What other forms of movement (gardening, dancing, hiking, walking) do you regularly engage in?** |
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| **How important is it for you to be physically active?**  ☐ Not important ☐ Somewhat important ☐ Very important |
| **Are you interested in meeting or scheduling with the DIHFS fitness instructor?** ☐ Yes ☐ No |

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| **Nutrition** |
| **What are your goals around food?** |
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| **What does “traditional foods” mean to you?** |
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| **What types of traditional foods did you eat growing up?** |
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| **What types of traditional foods do you eat now?** |
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| **How important is it for you to prepare and eat traditional foods?**  ☐ Not important ☐ Somewhat important ☐ Very important |
| **Are you interested in meeting or scheduling with the DIHFS registered dietitian for more nutritional information?** ☐ Yes ☐ No |

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| **Community** |
| **Family Status**: ☐single ☐married ☐ common-law partner ☐divorced/separated ☐widowed ☐children |
| **Occupation/ Work**: |
| **What are your hobbies and interests?** |
| 1. |
| 2. |
| 3. |
| **What communities are you a part of outside of your home life?** |
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| **Do you attend cultural social events like powwows, sweats, talking circles, etc.?**  ☐ Yes ☐ No |
| **How culturally connected do you feel with your community?**  ☐ Not connected ☐ Somewhat connected ☐ Very connected |

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| **How important is it for you to connect with the community?**  ☐ Not important ☐ Somewhat important ☐ Very important |

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| **Is there anything else you would like to add?** |
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