

Comprehensive Wellness Assessment Preparation Package Please fill out, and send to La Vie PRIOR to your appointment

La Vie Executive Health Centre
525 Legget Drive Suite 150

Thank you for booking a Comprehensive Wellness Assessment at the La Vie Executive Health Centre. Your assessment will take approximately 5 hours. You have the option to have your assessment broken down into 2 Phases or to complete it in one visit. **Please give us three business days' notice if you need to cancel or reschedule your appointment to avoid a cancellation fee of \$250.** Call (613) 592-0862 ext. 226 for appointment changes or cancellations.

How to Prepare

- **Fill out this preparation package (you may fill it out electronically using Microsoft Word or on hard copy by hand) and email or fax the documentation to us. Fax # 613-592-4193**
- Do not eat or drink anything (even water) for 12 hours prior Phase 1 or if you are completing the Assessment in one visit prior to the first appointment. Once your tests are completed, we provide a Voucher for a beverage and a small meal at the Café Brookstreet.
- Refrain from alcohol consumption for 24 hours prior to the appointment time.
- Avoid smoking for 4 hours prior to your appointment.
- Avoid exercising before your Assessment (exercise after your assessment is ok)
- Choose the services you would like to add on to your Assessment and any wellness services you would like to learn more about.

What to Bring with You

* Please note if you are completing your Assessment in one visit please bring all the requirements with you.

Phase 1: First Visit

- Immunization Records. We can administer any required immunizations while you are here.
- Glasses or Contacts. During your vision test we will test your corrected and uncorrected vision so please bring your contact lenses, case, solution, or glasses with you.
- All medications that you are currently taking.
- Completed Preparation Package (This document)

Phase 2: Second Visit

- Gym clothes and running shoes, and for women please bring a sports bra or a bra with good support for your treadmill test. Locker rooms and showers are available for your convenience; towels and other essential toiletries are provided.

A la Carte Services *Place a checkmark beside any service you may be interested in or may want more information regarding.

- **Pre- Fitness Assessment:** Prior to engaging in exercise or fitness training, an assessment is essential to identify medical risks, such as heart disease and hypertension, that can be potentially life threatening. Service is available in our comprehensive wellness program or separately upon request.

Comprehensive Wellness Assessment Preparation Package
Please fill out, and send to La Vie PRIOR to your appointment

-
- **Cosmetic Consultation:** We offer a broad spectrum of non-surgical cosmetic procedures including BOTOX® Cosmetic to smoothen the skin lines and improve the skin tone, and various skin fillers, such as Restylane®, to restore natural fullness to your lips, eyebrows, chin and cheeks. We have also acquired a state-of-the-art suite of Cutera laser technology to provide you with the very best in skin rejuvenation and hair removal services.
-
- **Travel Clinic:** Our travel clinic provides patient health education with respect to specific destination. We offer our patients a pre-departure assessment and consultation to mitigate the potential health hazards inherent to travel, and to administer necessary vaccines.
-
- **Diet Assessment:** La Vie's Registered Dietitian will review your blood work and your pre-screening diet questionnaire as well as consult with your physician, all prior to your personal nutrition consultation. Your consultation will include:
- Consideration of any medical conditions diagnosed by your physician
 - Diet Assessment (timing, energy and balance)
 - Body Composition Analysis using state of the art InBody 520
 - Accommodation of personal lifestyle and your goals
 - Option to choose from variety of unique programs
 - Programs include:
 - Be Well** – weight loss packages
 - Be In Control Package** – for clients with medical issues such as diabetes, high cholesterol, hypertension, etc.
 - Be Fit** – diet and fitness packages
- **Be Healthy Program:** Do something wonderful for yourself — and your health! Retreat, refresh, or recover from a hectic lifestyle with two days (three nights) focused on you. Offered in conjunction with the Brookstreet Resort, this getaway packages La Vie health and wellness services together with sophisticated comfort, luxurious spa treatment, and magnificent cuisine. Please refer to <http://www.laviehealth.com/services/be-healthy-program.cfm> for more details.

Comprehensive Wellness Assessment Preparation Package
Please fill out, and send to La Vie PRIOR to your appointment

Demographic Information

If you are a returning client and your contact information has not changed, please skip to the Health History section on the next page.

Please circle the correct answer. You may also print this document and fill out a hard copy.

Name _____ Date _____

Health Insurance Number _____

Date of birth (mm/dd/yyyy) / / Age ___ Gender : Male Female

Marital Status Married Single Divorced Widowed

Please send my reporting package via regular post marked confidential to Home Office

Home Address

Street _____

City _____ Province _____ Postal Code _____

Tel(____)____-____ Ext. Cell(____)____-____ Fax(____)____-____

E-mail _____

Company Name _____ Title _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Tel(____)____-____ Ext. Cell(____)____-____ Fax(____)____-____

E-mail _____

The La Vie Executive Health Centre has my permission to email my Comprehensive Wellness Assessment report to me.

Yes No

If yes, preferred email address:

Home Work

Comprehensive Wellness Assessment Preparation Package
Please fill out, and send to La Vie PRIOR to your appointment

Health History

Please indicate if you have had any of the following conditions, adding dates of onset. Beside Each selection, please indicate whether the condition is Current (C) Past (P).

Name _____ Date _____

Condition	Current	Past	Onset (mm/yyyy)	Condition	Current	Past	Onset
Respiratory	-----	-----	-----	Gastrointestinal	-----	-----	-----
Emphysema			___/___	Hemorrhoid's			/
Lung Cancer			___/___	Colitis/Crohn's			/
Chronic Bronchitis			___/___	Bowel Cancer/Polyps			/
Tuberculosis			___/___	Hepatitis			/
Asthma			___/___	Peptic Ulcer			/
Sleep Apnea			___/___	Irritable Bowel			/
Joints	-----	-----	-----	Gallbladder disease			/
Osteoarthritis			___/___	Neurological	-----	-----	-----
Rheumatoid Arthritis			___/___	Epilepsy			/
Gout			___/___	Migraine Headaches			/
Back Pain			___/___	Stroke			/
Hormones	-----	-----	-----	Multiple Sclerosis			/
Diabetes			___/___	Male Issues	-----	-----	-----
Thyroid Disorder			___/___	Prostatitis			/
Eating Disorder			___/___	Prostate Enlargement			/
Skin	-----	-----	-----	Prostate Cancer			/
Melanoma			___/___	Erectile Dysfunction			/
Basal Cell Cancer			___/___	Andropause			/
Squamous Cell Cancer			___/___	Female Issues	-----	-----	-----
Psoriasis			___/___	Uterine Fibroid			/
Eczema			___/___	Breast Lump (benign)			/
Fungus			___/___	Hysterectomy			/
Cardiac/Vascular	-----	-----	-----	Osteoporosis			/
Hypertension			___/___	Menopause			/
Angina			___/___	Endometriosis			/
Heart Attack			___/___	Breast Cancer			/
Heart Murmur			___/___	Abnormal Pap			/

Comprehensive Wellness Assessment Preparation Package
Please fill out, and send to La Vie PRIOR to your appointment

Irregular Rhythm			/		Ovarian Cysts			/
Aneurysm			/					
Poor Circulation			/					
Heartburn			/					

Family History

Member	Age	Deceased/ Cause of Death	Sex	Serious Illnesses
Paternal Grandmother			Female	
Paternal Grandfather			Male	
Maternal Grandmother			Female	
Maternal Grandfather			Male	
Mother			Female	
Father			Male	
Siblings				
1				
2				
3				
4				
Children				
1				
2				
3				
4				

Comprehensive Wellness Assessment Preparation Package
Please fill out, and send to La Vie PRIOR to your appointment

Current State of Health

New and returning patients are asked to complete this section as La Vie’s physicians use it extensively during your Assessment.

Medical Conditions (diseases, symptoms, issues or concerns)	Date First Noticed
	/
	/
	/
	/
Major Surgeries or Procedures	Date (mm/yyyy)
	/
	/
	/
	/
Medications, vitamins, health foods	Dose & Schedule (ex. every 4 hours)
Allergies	
Previous Fractures	Date (mm/yyyy)
	/
	/
	/

Immunization History	Yes	No	Year (yyyy)
-----------------------------	------------	-----------	--------------------

Comprehensive Wellness Assessment Preparation Package
Please fill out, and send to La Vie PRIOR to your appointment

Measles			
Polio			
Pneumovax			
Mumps			
Tetanus/Diphtheria			
Hepatitis A			
Rubella			
Influenza			
Hepatitis B			
Smoking History (please circle)			
Smoker	Number of cigarettes per day		
Never Smoked			
Ex- Smoker,	Date Quit (mm/yyyy)		
Alcohol Consumption		Weekly Consumption	
Spirits	Oz.		
Wine	Glasses		
Beer	12 oz. servings		

CAGE Test

Note: If you completely abstain from either alcohol or drugs, there is no need to complete the CAGE Questionnaire.

- C- Cutting down on drinking/drugs
- A- Anger at others about your drinking/drug use
- G- Guilt
- E- Eye Opener: drink or drugs to get you going

Within the past 12 months:

YES	NO	Have you felt you should cut down on your use of drugs (prescription or other) or alcohol?
YES	NO	Have people annoyed you by criticizing your drinking or drug use (prescription or other)?
YES	NO	Have you ever felt bad or guilty about your use of alcohol or drugs (prescription or other)?
YES	NO	Have you had a morning drink to steady your nerves or overcome a hangover or have you used drugs (prescription or other) in the morning to feel better to face the day?

Comprehensive Wellness Assessment Preparation Package
Please fill out, and send to La Vie PRIOR to your appointment

Referral and Follow- Up Information

Name: _____ Date: _____

La Vie will schedule specialist appointments required as a result of your Comprehensive Wellness Assessment at the earliest possible time that matches your availability as given below. We will notify you of the appointment once it is scheduled, and reschedule for you if necessary.

Due to lengthy waiting times to access specialists in the OHIP system, La Vie may not be able to accommodate your preferred appointment time or location and may not be able to schedule a referral appointment quickly.

Some types of appointments can be expedited through La Vie’s network of specialist physicians for an additional fee. Please contact our nurse at 613-592-0862 ext. 230 to discuss your options.

When possible follow-up appointments should be arranged near (please circle)			
HOME	OFFICE	with:	
Me only			
My assistant	Name:	Tel ()	-
A Family member	Name:	Tel ()	-

Detailed messages regarding appointment information and normal test results may be left:	
On my office voice mail	
On my home voice mail	
On my office email	office email address:
On my home email	home email addresses:
Any abnormal test results will be communicated to you directly by phone by the nurse or physician	

I am NOT available for appointments or tests on (specific dates, days of the week, times of day):

Nutrition Record

Complete 1 day of food records

The Purpose of filling out food records is to make yourself more aware of “what” you are eating, “when” you are eating and “how much” you are eating. Please be honest and accurate. Don’t change your eating habits to look better than they usually are. Remember we want a realistic picture of where you are right now so our analysis will be useful and accurate. Have fun with it!

Instructions

1. Record all food and beverages, physical activity and important feelings using the format provided below.
2. Measure your food. Diet records are only reliable with accurate measures.
 - Use cup measures or teaspoon/tablespoons. ie: Put butter or margarine into a tablespoon, then scoop out to cover bread. Put cooked pasta into a cup measure...
 - For foods that can’t be measured easily, read food labels to estimate quantity by weight. ie: If 1 can of tuna has 120g and you ate ½ can then write 60g under amount.
 - **A quick guide to estimate quantity is your hand: Fist = 1 cup, Palm of hand = 3oz meat, Thumb = Tablespoon.**
3. For combined foods include a description of ingredients ie: Lasagna - lean ground beef (1/4 cup per piece), mozzarella cheese (1 oz per piece), ricotta cheese(1oz per piece), ½ cup tomato sauce, 2 noodles.
4. Use the “notes” column to record any **important feelings** (ie: overfull, headache, felt stressed, felt depressed). Include additional **product information** if available (ie: 2 cookies - 120 calories, 8g fat).
5. Enter the time and description of any **physical activity**. Ie: walking, biking, mowing lawn, heavy housework, going to the gym, any exercise including duration and intensity (easy, moderate, hard).

Tips to improve accuracy.....

- Carry food records wherever you go, and write down as you eat.
- Include as much detail as possible about the type of food and brand of food.
- Indicate any sauces or oils used in cooking.
- Ask the cook how food was prepared if you are eating out.
- Keep measuring cup and teaspoon or tablespoons on your counter as a reminder.
- Ask for sauces “on the side” when eating out so you can easily estimate quantities.

Don’t Forget.....

- Water
- coffee/tea with cream/sugar
- condiments
- spreads (butter, margarine, jam...)
- snacks between meals
- gum and candy

Comprehensive Wellness Assessment Preparation Package
Please fill out, print, and bring with you to your appointment

Sample Food and Activity Record

Below is an EXAMPLE of how to keep accurate records. Separate each component of a meal on to separate lines. Include a detailed description and amounts for each item. Remember to record water, **exercise** and notes on how you felt each day.

TIME	AMOUNT	DESCRIPTION	NOTES
8am	Large	Coffee, Tim Horton's	Tired
	1 Tbs	Cream	
	2 tsp	Sugar	
11 am	2 slices	Bread, whole wheat, toasted	only ate ¾ of it
	2 oz.	Tuna, light, packed in water	
	1 tbsp	Mayo, Hellman's	
	1 leaf	Lettuce, Iceburg	
	1 tsp.	Becel Light Margarine	
11:30pm	2 cups	water, tap	drank over 1 hour
2 pm	1/2 cup	Spaghetti noodles, boiled with salt	Felt satisfied
	1/4 cup	Spaghetti sauce, Prego's meat sauce	
	1 tbsp.	Parmesan cheese, grated	
3:30pm		<i>Walked home, easy, 30 minutes</i>	
4pm	1 large	Muffin, carrot and nut, home baked	had headache before
4:30-5:30		<i>45 MINUTE RUN moderate 8km</i> Drank 1 cup of water during	muffin felt heavy in my stomach
8:30pm	4 oz.	Hamburger, barbequed	starving, ate too fast
	1	Hamburger Bun, sesame seed	
	½ cup	Lettuce, iceberg	
	2 slices	Tomato, raw	
	1 slice	Onion, raw	
	2 tsp.	Ketchup, Heinz	45 kcal per tsp.
	2 cup	Chocolate ice cream	Too full, Felt guilty

Comprehensive Wellness Assessment Preparation Package
Please fill out, print, and bring with you to your appointment

Was this a typical day? If not, why? _____

La Vie's Food Frequency Questionnaire

Please indicate how often you eat the foods listed below. For example, if you eat chicken four times per week, simply mark 4 in the "week" column and leave the other column's blank. If you never eat a particular food then just check the "never" box. There is a column marked notes if you have any additional information about a particular food such as a favourite brand name, etc.

FOOD	NOTES	HOW OFTEN?					DIETITIAN'S USE ONLY
		DAY	WEEK	MONTH	YEAR	NEVER	
Meat and Alt.							
Beef - lean							
Beef – extra lean							
Turkey							
Goat							
Lamb							
Chicken							
Fish							
Seafood							
Pork							
Organ meats (kidney, liver, etc.)							
Cold cuts							
Weiner/Hot Dog							
Sausage							
Bacon							
Egg							
Legumes (kidney, chickpea)							
Tofu							
Nuts/Nut Butters							
Seeds (sesame, sunflower)							

Comprehensive Wellness Assessment Preparation Package
Please fill out, print, and bring with you to your appointment

Milk and Alt.							
Milk							
Homo							
2%							
1%							
Skim							
Cheese							
Cream Cheese							
Yogurt							
Sour Cream							
Cream							
Ice Cream							
Grain and Starch							
Bread (whole wheat /12 Grain/ white)							
Pita							
Roll, bun							
Cold Cereal							
FOOD	NOTES	HOW OFTEN?					DIETITIAN'S USE ONLY
		DAY	WEEK	MONTH	YEAR	NEVER	
Hot cereal (oatmeal)							
Pasta							
Rice							
Potatoes							
Crackers							
Fruit and Vegetables							
Cooked Vegetables							
Raw Vegetables							
Salad							
Fresh Fruit							
Dried Fruit							
Canned Fruit							
Fats							
Margarine							
Butter							
Oil							
Gravy							
Salad Dressings							
Mayonnaise							
Others							
Sugar/Honey/Syrup							
Jam							
Cakes/Pies							
Cookies							
Muffins							

Comprehensive Wellness Assessment Preparation Package
Please fill out, print, and bring with you to your appointment

Donuts/Danishes/Pastries							
Biscuits							
Chocolate Bars							
Pretzels							
Popcorn							
Potato Chips							
Corn Chips							
French Fries							
Candy							
Condiments							
Pickles							
Table Salt							
Packaged Sauces							
Soup (canned, dehydrated)							
Soy Sauce							
Beverages							
Sweetened Beverages							
Juice							
Soda pop,Regular,Diet							
Coffee/tea (herbal)							
Wine							
Beer							
Liquor							

Comprehensive Wellness Assessment Preparation Package
Please fill out, print, and bring with you to your appointment

Directions

525 Legget Drive, Suite 150, Ottawa, ON

Coming from Downtown

1. Take Hwy 417 west
2. Take the RR-49 / CH. MARCH / MARCH RD. exit- EXIT 138- toward CH. EAGLESON / EAGLESON RD. / KANATA
3. Take the MARCH ROAD NORTH ramp.

4. Stay STRAIGHT to go onto MARCH RD / CHEMIN MARCH / RR-49 N.
5. Turn RIGHT onto SOLANDT RD.
6. Turn LEFT onto LEGGET DR / PROMENADE LEGGET
7. End at **Brookstreet Hotel:**
525 Legget Dr, Kanata, ON K2K 2W2, CA

Parking

There is above ground parking which you are able to use. There is also, underground parking at the Brookstreet Hotel, there is no charge for a stay under 3 hours, a parking voucher will be provided if your stay at La Vie is longer than 3 hours.

Accommodation

Our clinic is located directly in the Brookstreet Hotel, in suite 150 on the main floor. Our clients have access to the Be Healthy package offered by La Vie [see A la Carte Services].

Airport

There is a regular service from the MacDonald- Cartier Airport to the Brookstreet Hotel. Taxi and Limousine services are available direct to the La Vie Executive Health Center (approximately \$50 CAD).