



Welcome to Laureavida Wellness LLC. My name is Sophie Webster, I am a Certified Life and Health coach myself but also manage a team of Certified Life and Health Coaches. We have all graduated from the Health Coach Institute (HCI) which is accredited by the International Coach Federation (ICF).

We have a passion for helping people reach a happier healthier life with healthier eating, stress, and lifestyle disease management. If you decide to enroll in our program, please bring this form with you to your first session so we know your doctors' restrictions.

## YOUR HEART HEALTH PROGRAM



This heart Health program is designed for any patient with a heart condition or at high risk for any kind of heart disease.

### **Our Laureavida Wellness Heart Signature program:**

- Educates on:
  - Nutrition best suited to patients with heart disease
  - Nutrients and Supplements
  - Exercise / movement
  - Stress Management and work-life balance
  - Self-care and other important lifestyle habits
- Is designed from optimum success to:
  - Identify your drive / motivation factors for change
  - Identify your support system or help you create one
  - Manage and overcome self-sabotaging behaviors and/or low self-esteem issues

# YOUR PROGRAM OPTIONS:

## INDIVIDUAL SESSIONS:

- Dedicated Certified Life and Health Coach in each session
- Sessions are 50 mins with a 12-week commitment to ensure your lifestyle changes have become your new "normal" and ensure success
- Sessions can be in person at 2850 Johnson Ferry Road, suite 200/250 in Marietta GA 30062 or online via FaceTime, Zoom, or WhatsApp

## GROUP SESSIONS:

- Sessions are 90 mins with a 12-week commitment to ensure your lifestyle changes have become your new "normal" and ensure success
- Groups are kept small for maximum success and have 5-8 people
- Sessions can be held at 2850 Johnson Ferry Road, suite 200/250 in Marietta GA 30062 or virtually with an online group

**Call us today at 404-308-0893 or email us at [laureavidawellness@gmail.com](mailto:laureavidawellness@gmail.com) for your free assessment and discussion on the best plan for you and pricing**

## PHYSICIAN'S CORNER / ADMINISTRATIVE:

Doctor Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

- Is the patient under any dietary restrictions due to medication or else: YES NO  
If yes, please provide details: \_\_\_\_\_

- Is the patient on Blood-thinners: YES NO  
Medication and dosage: \_\_\_\_\_

- Appropriate level of physical activity: LOW MODERATE NO RESTRICTIONS  
If low or moderate, please provide more information: \_\_\_\_\_

Date: \_\_\_\_\_ Health Practitioner Name: \_\_\_\_\_ Signature: \_\_\_\_\_