



Health Coaching



What is a Nurse Health Coach?

“At the heart of Nurse Coaching is growth of the body-mind-spirit system on various levels. The quality of human caring is central in the Nurse Coach-client relationship. The nurse brings (him/her) self into the coaching relationship with the whole self of the patient/client. This relationship provides the client with a safe environment in which to express their feelings, goals, hopes, dreams, and share their vulnerability, pain, and suffering.

- Development of integrative, integral, and holistic perspectives that include a bio-psycho-social-spiritual-cultural-environmental model of the person
- Recognition that self-healing is an ongoing process and necessitates intentionality
- Willingness to model self-development (self-reflection, self-assessments, self-evaluation, self-care)
- Willingness to identify creative and self-defeating patterns in self
- Willingness to take responsibility for inner reactions to clients and situations
- Commitment to maintain a sense of presence, authenticity, and self-awareness in nursing practice
- Cultivation of a capacity for deep listening, mindful presence, and not-knowing
- Respect and love for the humanness of clients
- Commitment to creativity and innovation
- Willingness to bear witness to a client’s pain and suffering
- Willingness to believe that change is possible for all
- Commitment to lifelong personal self-development and learning”

(Excerpt quoted from pages 18-19 of the book, *“The Art and Science of Nurse Coaching: The Provider’s Guide to Coaching Scope and Competencies”*, by Hess, et.al.)



Health Coaching

MEND
yourself

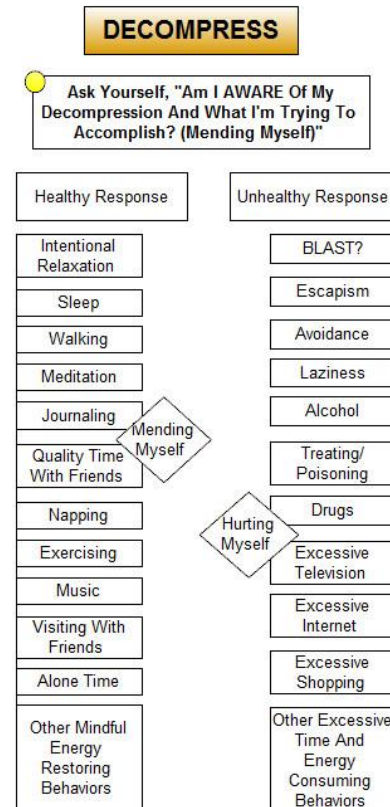
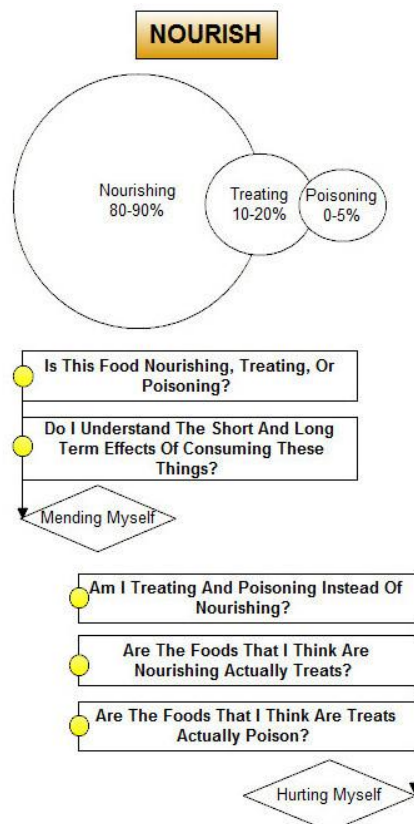
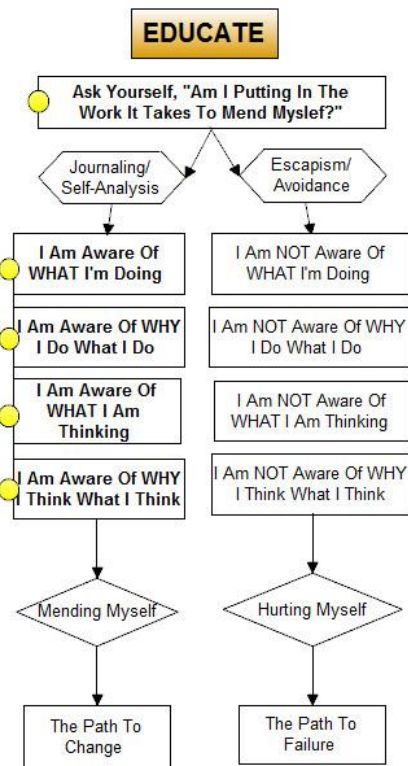
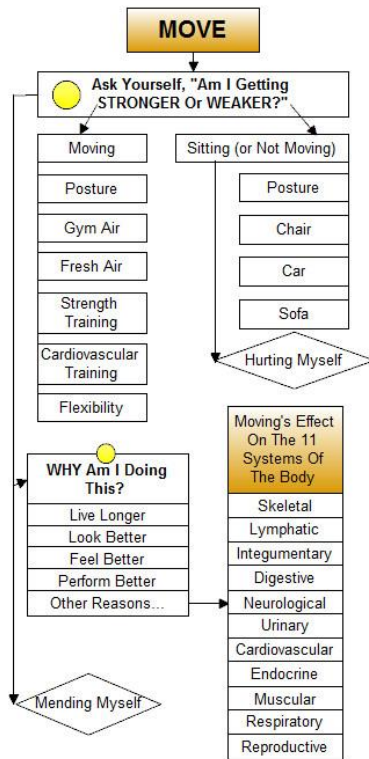
A Comprehensive (5 Session) Nurse-Coaching Package includes:

- ❖ ~Two-hour initial consultation reviewing Health and Social History
- ❖ ~(4) One-hour follow up meetings over 44 days to evaluate and revise/streamline your personalized health and wellness plan
- ❖ \$300 total includes ALL 5 initial sessions (standard rate is \$90/hr; \$240 discount for the package); \$60/hr rate applies to established clients after the initial 44 day submersion
- ❖ Utilization of the Nursing Process (A.D.P.I.E.): Assessment, Diagnosis (Nursing Diagnosis, not Medical), Planning, Implementation Techniques, and Evaluation of Outcomes
- ❖ Introduction to RN Health Coaching's M.E.N.D. Process (Move, Educate, Nourish, Decompress), including:
 - MEND Algorithms
 - Goal Setting
 - Time Management
 - Nourishment and Preparedness
 - Focus on Increasing Awareness and Observation
 - Correction of harmful reactivity and unhealthy patterns
 - A strong consideration of the Human Lifespan and your current position on this timeline
 - Primary Influencers (People and Environments)
 - Energy Awareness
 - Perception Shifting
 - Present Mindedness, Gratitude and Happiness
 - Tibetan Buddhism considerations
 - Holistic Healing
 - Depression/Anxiety (Cognitive Behavioral Therapy Concepts)
 - Curve Diagram
 - Onion Diagram
- ❖ Your commitment to keeping a 44 day dedicated M.E.N.D. JOURNAL on the progress of your health, well-being, presence, gratitude and happiness
- ❖ For a limited time, a \$50 referral fee to any active client that refers a family member or friend (after they complete the initial 5 sessions)



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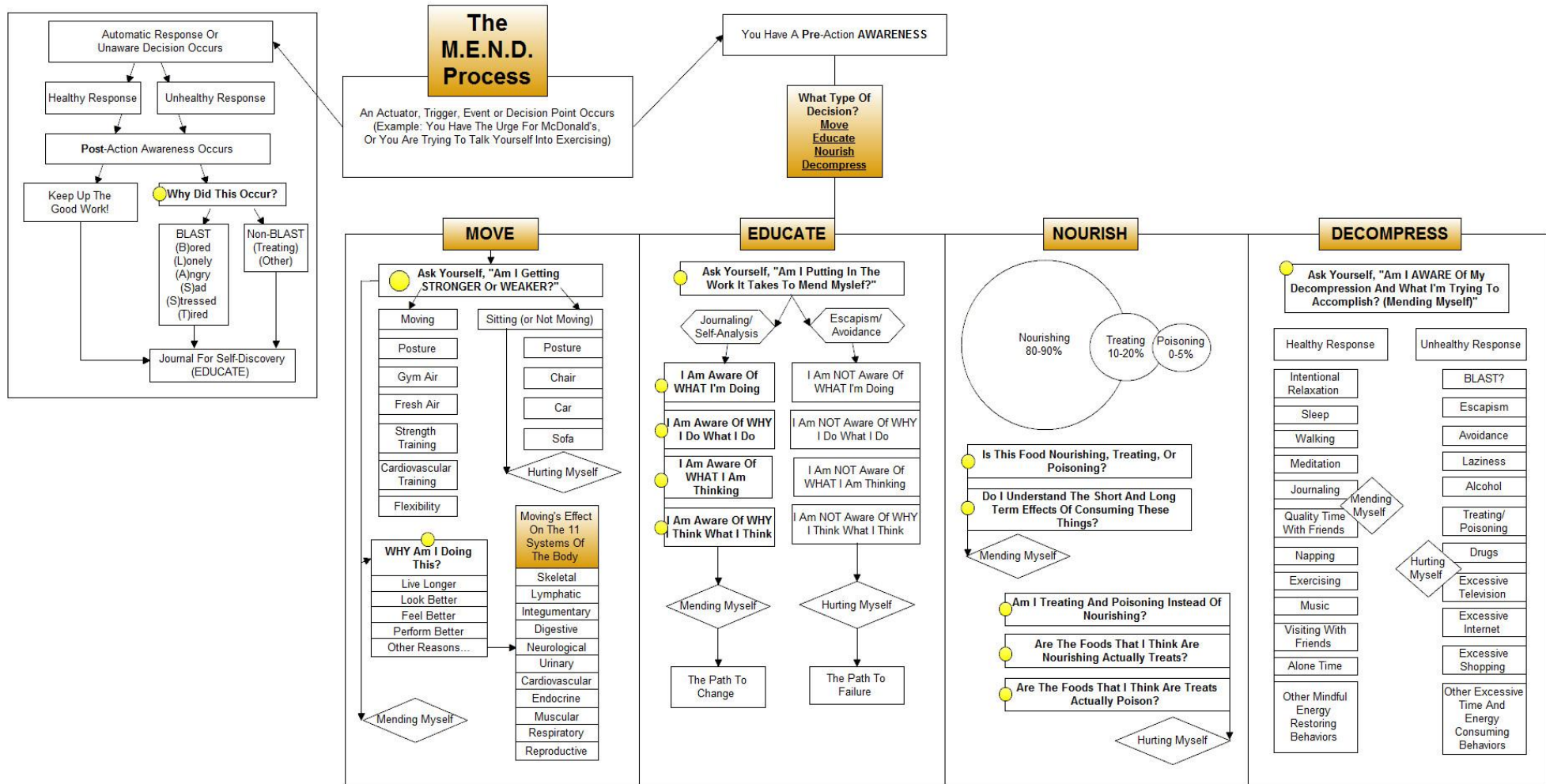
MEND
yourself





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Yellow Dot Indicates The Necessary Questions To Ask Yourself In Order To Change Your Behavior and MEND Yourself



The M.E.N.D. Process

1) Automatic Response Or Unaware Decision Occurs

After The Event, Ask, "Why Did This Occur?"

Was This A BLAST Response?
(B)ored, (L)onely, (A)ngry, (S)ad, (S)tressed, (T)ired, Other?

2) You Have A **Pre-Action AWARENESS**
(Meaning, You Can Make A Healthy Decision If You Choose To)

Am I MOVING Myself?

Am I Getting STRONGER Or WEAKER?

WHY Am I Doing This? (Moving Vs. Not Moving)

Am I EDUCATING Myself?

Am I Putting In The Work It Takes To Mend Myself?

Am I Aware Of WHAT I'm Doing?

Am I Aware Of WHY I Do What I Do?

Am I Aware Of WHAT I Am Thinking?

Am I Aware Of WHY I Think What I Think?

Was This A BLAST Response?
(B)ored, (L)onely, (A)ngry, (S)ad, (S)tressed, (T)ired, Other?

Am I NOURISHING Myself?

Is This Food Nourishing, Treating, Or Poisoning?

Do I Understand The Short And Long Term Effects Of Consuming These Things?

Am I Treating And Poisoning Instead Of Nourishing?

Are The Foods That I Think Are Nourishing Actually Treats?

Are The Foods That I Think Are Treats Actually Poison?

Am I DECOMPRESSING Myself?

Am I AWARE Of My Actions And What I'm Trying To Accomplish?

Is This Action A Healthy Or Unhealthy One?

Am I Mending Myself Or Harming Myself?

DATE: _____ Day of Week: _____ TIME: _____ (before bed) DAY ____ of 44

List at least one GOOD Thing That Happened TODAY: _____



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M.E.N.D. Yourself: Daily (Self-)Education Journal (AWARENESS-OBSERVATION-PREPAREDNESS-GRATITUDE-PRESENCE)

(M)OVE

TODAY ONLY, as a whole, did I get STRONGER or WEAKER (there is no neutral)? _____

Example:

Am I sitting, standing or MOVING with intention? _____ Example:

Was I aware of my POSTURE? _____ Example:

Did I “smell fresh air” today? _____ Example:

Did I “smell gym air” today? (includes workout at home) _____ Example:

Did I increase my heart rate and make my body WORK? _____ Example:

What can I do tomorrow to ensure I MOVE in a healthy way?

(E)DUCATE

Am I aware of WHAT I'm DOING (actions, inactions, prepared, unprepared)? _____

Example:

Am I aware of WHY I'm DOING these things (goals, hopes, desires, **BLAST** <Bored, Lonely, Angry, Sad, Stressed, Tired>)? _____

Example:

REACTIVITY/PATTERNS (often times, the what/why of doing, is the same as what/why of thinking, proving that it's important to be hyper-aware of what you're thinking in order to change what you do)

Am I aware of WHAT I'm THINKING (aware, unaware, BLAST) ? _____ Example:

Am I aware of WHY I'm THINKING these things? _____

Example:

What can I do tomorrow to ensure I EDUCATE in a healthy way?

DATE: _____ Day of Week: _____ TIME: _____ (before bed) DAY ____ of 44

List at least one GOOD Thing That Happened TODAY: _____



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(N)OURISH

Am I +80-90% NOURISHING with natural, real, unprocessed foods? _____ Example:

Am I mostly Nourishing, Treating, or Poisoning? _____

Example where I nourished myself today:

Example where I treated myself today:

Example where I poisoned myself today:

Did I at any time today eat due to **BLAST** (Bored, Lonely, Angry, Sad, Stressed, Tired)? _____

Example:

Water, water, water? _____

Am I avoiding soft drinks, sugar supplements, high-fructose corn syrup, excessive caffeine and alcohol?

_____ Example:

What can I do tomorrow to ensure I NOURISH in a healthy way?

(D)ECOMPRESS

Am I decompressing myself in a healthy, natural way? _____ Example:

Am I decompressing myself in an unhealthy/damaging way? _____ Example:

How can I decrease stress in my life? _____ Example:

How can I simplify my life? _____ Example:

What can I do tomorrow to ensure I DECOMPRESS in a healthy way?



birth

21

22

42

43

64

65

86

Important Lifespan Considerations

30,000 Approximate # of days in the human lifespan

 Current Age

 Remaining lifespan in years x 365 days (future oriented)

(GOOGLE SEARCH: human, lifespan, calculator, SSA)

 Number of hours in the next 44 days I have to expend for current health goals



LIFE EXPECTANCY CALCULATOR

A basic life expectancy calculator used by the US Government Social Security Administration that calculates years remaining and total lifespan solely based on input of gender and date of birth can be found at (<https://www.ssa.gov/OACT/population/longevity.html>) This calculator does not take into consideration factors such as current health, lifestyle, and family history that might increase or decrease life expectancy.

For example, I am currently 43.5 years old and my data yields a result stating that my life expectancy is 82 years, or the year 2055.

82 years x 365 days per year = 29,930 days total days

38.5 years remaining = 14,052

14,052 x 24 hours = 337,248 hours

14,052 x 7 hours = 98,364 hours of those will be sleeping

14,052 x 17 hours = 238,834 hours of those will be awake

365 x 24 hours = 8,760 hours in a year

It takes about 90 to 180 days (180-360 hours) to see a noticeable difference in one's physical presentation after implementing positive changes to physical output and nourishment

The average full time job is 2000 hours per year

On average, it takes about 10,000 dedicated/focused hours to become an expert at something

#50 (worst) If you look at the graph on this website, Mississippi males have the shortest lifespan of all 50 states! (<http://www.worldlifeexpectancy.com/usa/life-expectancy-male>)

#1 (Worst) The same website shows Mississippi the HIGHEST in obesity! (70.7% are overweight or obese) (<http://www.worldlifeexpectancy.com/usa/adult-overweight-obesity-rate>)

Mississippi is #6 in the nation for percentage of population that smokes 23% (according to the statistics from US Gov. Centers for Disease Control Behavioral Risk Factor Surveillance System (BRFSS) 2014 (<http://www.worldlifeexpectancy.com/usa/adult-smoking-rate>)

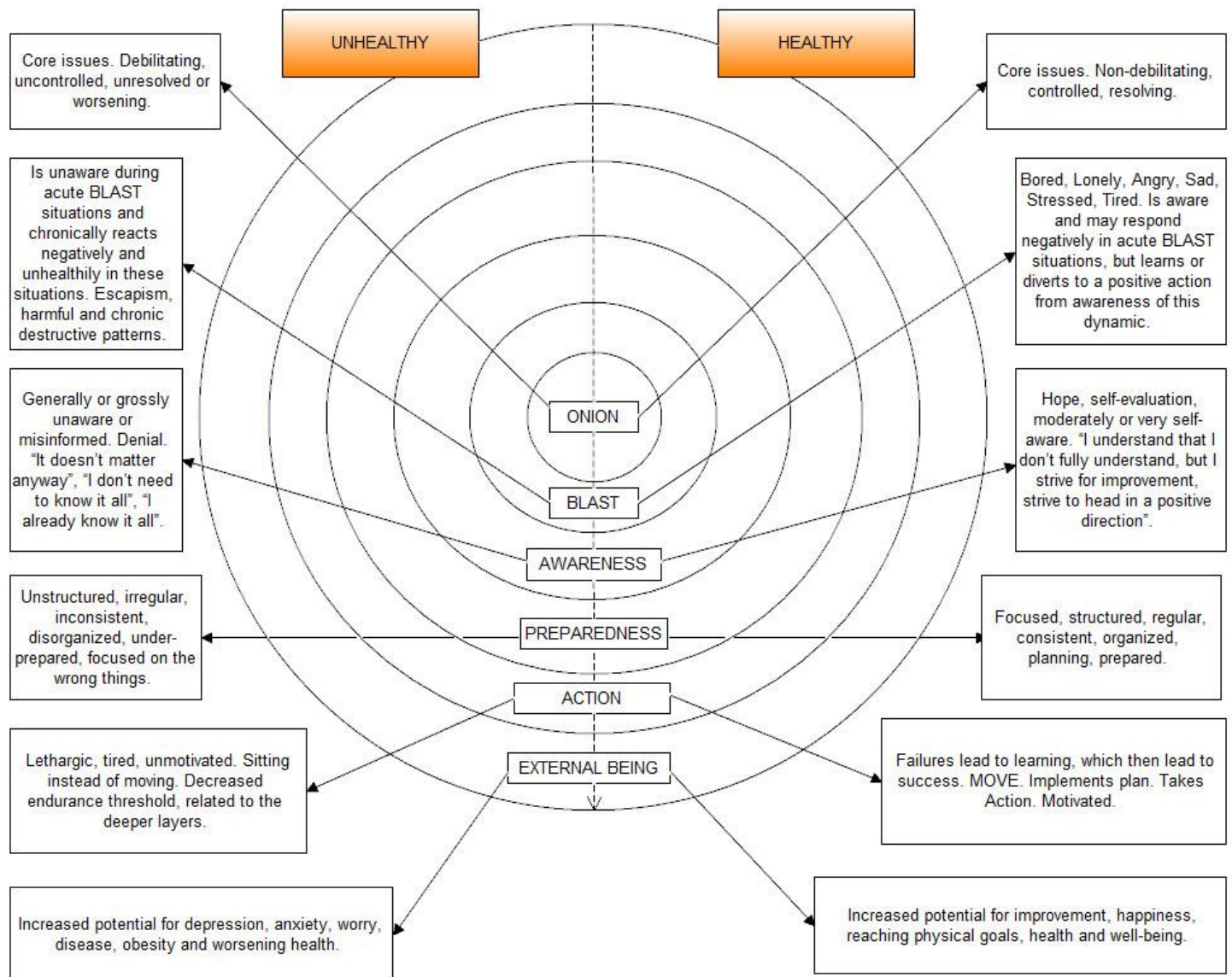
#1 (worst) in the USA for motor vehicle death rate (21.3 deaths annually per 100,000 population) (<http://www.worldlifeexpectancy.com/usa/motor-vehicle-death-rate>)

#1 (worst) in the USA in Teen Deaths (15-19yo) (82 deaths annually per 100,000 population) (<http://www.worldlifeexpectancy.com/usa/teen-death-rate>)

#50 (worst) in the USA in median annual household income \$35,521 (<http://www.worldlifeexpectancy.com/usa/median-annual-income>)



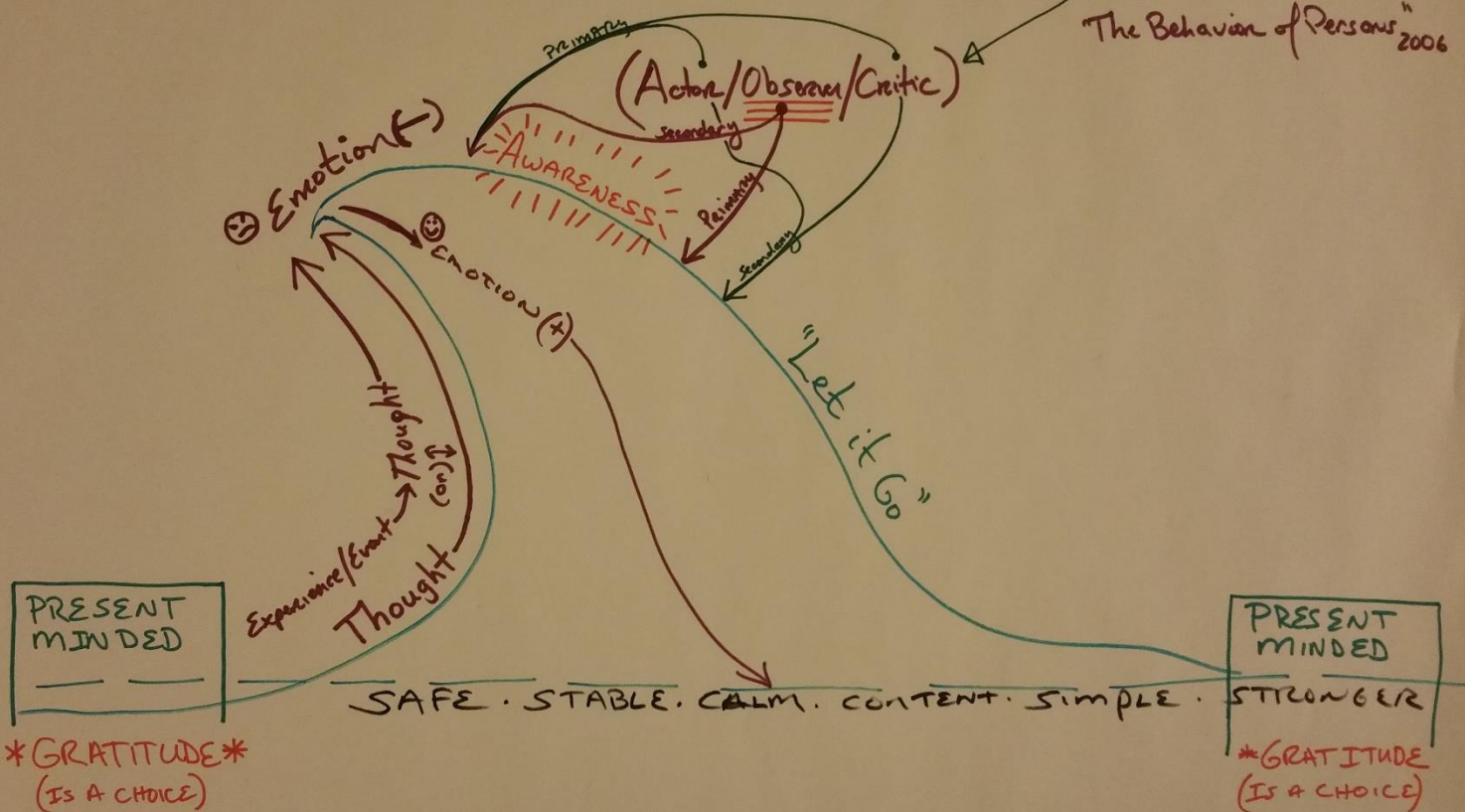
The Onion Diagram





... To Become the Strongest Version of Myself

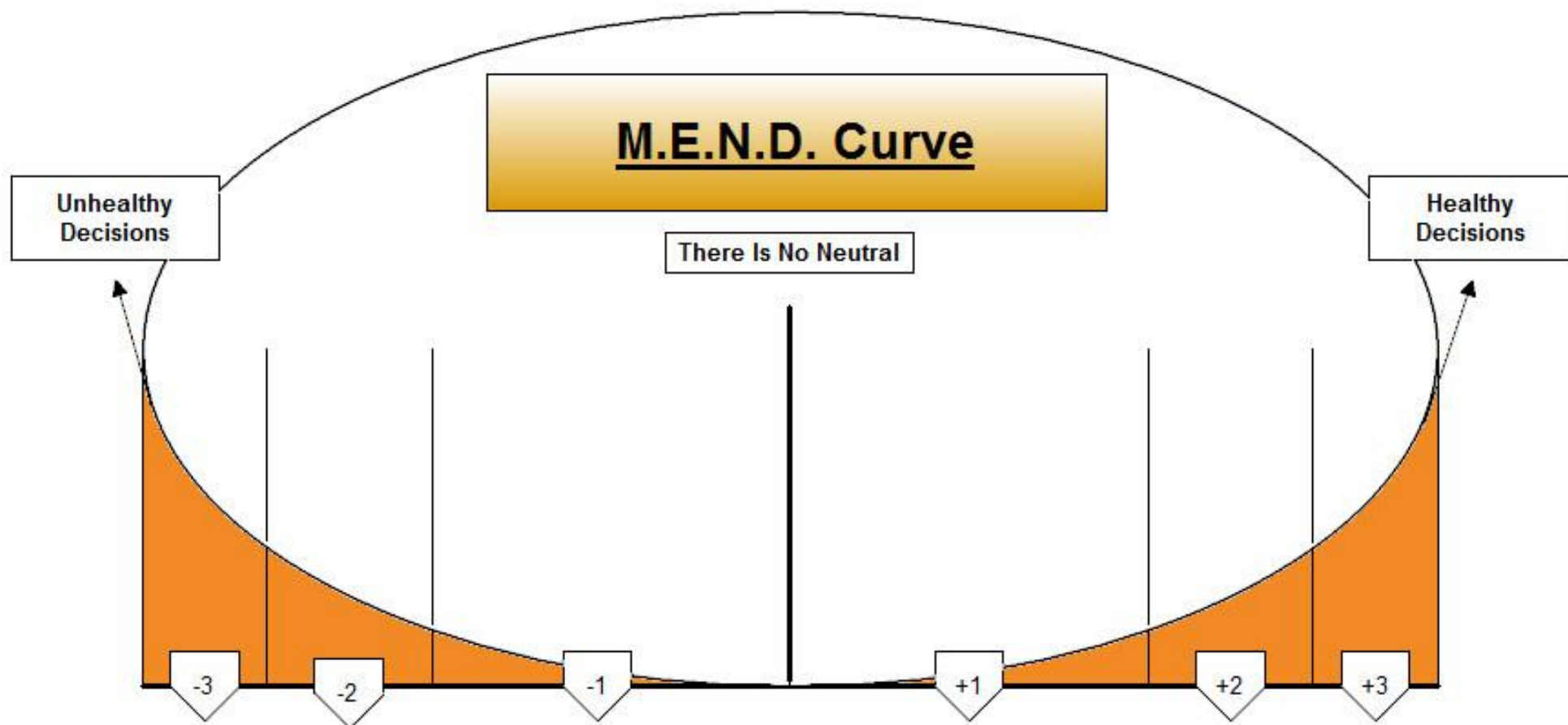
Peter Ossorio
"The Behavior of Persons" 2006





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M.E.N.D. Yourself!

-Move-

-Educate-

-Nourish-

-Decompress-



The 11 Systems of the Human Body

(S.L.I.M.D.U.N.C.E.R.R.)

- Skeletal
- Lymphatic
- Integumentary (Skin)
- Muscular
- Digestive
- Urinary
- Neurological
- Cardiovascular
- Endocrine
- Respiratory
- Reproductive



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P.R.E.S.S.I.F.

(Happy and Healthy)

- ❖ (P)hysical
- ❖ (R)elational
- ❖ (E)motional
- ❖ (S)ocial
- ❖ (S)piritual
- ❖ (I)ntellectual
- ❖ (F)inancial



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YOUTUBE VIDEO LISTING

- 1 Everything in the Pantry and Costco
- 2 Eldorado Canyon Move Discussion
- 3 Eldorado Canyon Education Discussion
- 4 Eldorado Canyon Decompression Discussion
- 5 Lose Your Belly Weight Belt Doudy Draw Trail
- 6 Mount Sanitas Short Version
- 7 RNHC Healthy Snacks Fruits and Nuts
- 8 Salad Prep for the Week
- 9 Water the First Change You Should Make
- 10 42 year old skateboarder
- 11 Checking Email and Social Media
- 12 Gift of Death Awareness of Mortality
- 13 Present Minded Hike Mending Myself
- 14 Hiking and Chanting Krishna Das
- 15 Gratitude Present Moment PRESSIFHAPPY SLIMDUNCERR
- 16 Don't Quit Smoking PRESSIF OBSERVER
- 17 The Wave and Living Your Full Lifespan with Presence and Gratitude
- 18 Why Are Nurses and other Healthcare Professionals Overweight and Unhealthy
- 19 MEND'ing Yourself and its effects on the body SLIMDUNCERR
- 20 Pre fast-food poisoning survey
- 21 Loving and Experiencing Life!!! Like a Dog...In the Present Moment
- 22 The MEND Curve
- 23 The MOVE Curve
- 24 The EDUCATE Curve
- 25 The NOURISH Curve
- 26 The DECOMPRESS Curve
- 27 The Onion Diagram
- 28 The Onion Diagram Core
- 29 Why Am I Moving To Biloxi 2015
- 30 MEND Yourself Tibetan Buddhism
- 31 Weight Loss Gambling Video
- 32 A Quick MEND Example
- 33 Meditate Twice Daily
- 34 Fruit Smoothie Deluxe
- 35 Shortcut to MEND'ing Yourself
- 36 Quick Protein Deluxe Meal



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- 37 Walker Ranch Loop Hike with Friends
- 38 The Ease Curve
- 39 The Daily Journal
- 40 Smart Phone Poison
- 41 Reverse Engineering Love and Life
- 42 Are You Chemically Addicted to Life
- 43 MEND in the Swamp
- 44 Nourishing Treating Poisoning
- 45 Tired Fatigued Depressed
- 46 Intrinsic Motivation
- 47 Shallow Water No Diving
- 48 Smelling Gym Air Fresh Air
- 49 How Can I Help You MGRN
- 50 Stepping Into the Sand
- 51 Smile First
- 52 Traversing the Bridges of Life
- 53 Considerations 1 month 1yr 5yr Lifespan
- 54 Depression Revisited
- 55 From Scarcity to Abundance
- 56 Fontainebleau Trail Decompression
- 57 The Human Body is NOT Like a Car
- 58 Preparedness Away From Home
- 59 Anxiety Worry Disturbability and REBT
- 60 MEND'ing Mountain Climbers in Their 60s
- 61 Las Vegas and Grand Canyon
- 62 MEND Process Example Mount Sanitas HD
- 65 MEND Process Example Mount Sanitas LD
- 63 Presence is the Antidote to an Early Grave HD
- 64 Peru Mission Trip 2013 in Pictures
- 66 Art of Congruency
- 67 Common Obstructions
- 69 Planning Ahead While Staying Exceptionally Present Minded
- 70 High Energy at Bellingrath Gardens
- 71 Smelling Change
- 72 My Personal Philosophy
- 73 Motivation Concepts
- 74 High Energy Frequency Awareness 2nd Version
- 75 Congruence at Bellingrath Goldfish
- 77 Rain Run, Perspective and Sensory
- 78 The 5 Greatest Influencers
- 79 Self-Motivation and Lifespan Bike Ride



Top 5 PEOPLE Influencing My Health

1. _____
Positive Influences: _____
Negative Influences: _____
2. _____
Positive Influences: _____
Negative Influences: _____
3. _____
Positive Influences: _____
Negative Influences: _____
4. _____
Positive Influences: _____
Negative Influences: _____
5. _____
Positive Influences: _____
Negative Influences: _____

Top 5 ENVIRONMENTS Influencing My Health

1. _____
Positive Influences: _____
Negative Influences: _____
2. _____
Positive Influences: _____
Negative Influences: _____
3. _____
Positive Influences: _____
Negative Influences: _____
4. _____
Positive Influences: _____
Negative Influences: _____
5. _____
Positive Influences: _____
Negative Influences: _____



Top 5 Current LIFE Goals

1. _____

2. _____

3. _____

4. _____

5. _____

(Examples of Michael's 5 LIFE goals)

1. Become the strongest version of myself
2. Love! To give, experience and receive love; towards myself and others
3. Decrease human suffering
4. Very limited regrets
5. To live my full lifespan, in the most functional body I can create, for the longest sustainable period; Also, in the most intellectually, emotionally, and spiritually healthy and congruent position I can create...all of this for my entire, finite, impermanent human existence

(Please use a separate sheet of paper if there is not room for a complete answer)

M.E.N.D. CLIENT HEALTH & BEHAVIOR DISCOVERY



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Michael Gray, RN
RN Health Coaching LLC
MEND-Yourself
RNHealthCoaching.com

M.E.N.D. CLIENT HEALTH & BEHAVIOR DISCOVERY

****Please answer the following questions to the best of your ability. Unless otherwise indicated, circle the best choice(s) for each question. Your information is completely confidential and will be encrypted and never shared without your consent. If you have physical handicaps or limitations that would require special assistance with this questionnaire, please let RN Health Coaching know****

Name: _____ Date of Birth: _____ Age: _____

Height: _____ Weight: _____ Address: _____

City: _____ Zip: _____ Email Address: _____

Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Primary Care Physician: _____ Phone Number: _____

When was your last physical at your primary care doctor?

Do you have any medication allergies:

Do you have any food allergies:

Do you have any environmental allergies, including latex:

Have you spent some time looking at the RNHealthCoaching.com website? YES / NO

Have you seen the M.E.N.D. Diagram? YES / NO

Have you seen the M.E.N.D. Curve? YES / NO

Have you seen the Onion Diagram? YES / NO

Have you seen the Daily Self-Educate Journal form? YES / NO

(Please use a separate sheet of paper if there is not room for a complete answer)

M.E.N.D. CLIENT HEALTH & BEHAVIOR DISCOVERY

Is there anything on the website that you have specific questions about, or feel that describe your patterns of behavior?

(Please use a separate sheet of paper if there is not room for a complete answer)

Do you feel an URGENCY to make major changes in your lifestyle? Why? YES / NO

Are you seeking Nurse Health Coaching voluntarily or per the recommendation of someone?
YES / NO

What would you ultimately like to accomplish with Nurse Health Coaching?

What are your biggest obstacles right now to health?

HEALTH DISCOVERY

(If yes for any of the following, please state how many per day and how many years of history)

Do you smoke cigarettes? YES / NO

Do you smoke marijuana? YES / NO

Do you consume edible marijuana? YES / NO

CARDIAC:

Heart Attack (MI) Chest Pain Irregular Heart Rhythm (Arrhythmia) High Blood Pressure

Low Blood Pressure Abnormal EKG Abnormal Treadmill Test Valve Disease

Heart Surgery (CABG, Valve Rplcmnt) Ankle Swelling Palpitations Murmur

High Cholesterol Heart Stents Blood Clots

Please describe briefly:

RESPIRATORY:

Asthma Sleep Apnea Snoring Shortness of Breath on Exertion

Shortness of Breath at Rest Other:

(Please use a separate sheet of paper if there is not room for a complete answer)

M.E.N.D. CLIENT HEALTH & BEHAVIOR DISCOVERY

Please describe briefly:

MUSCULOSKELETAL:

Pain in the Legs Hip Pain Knee Pain Ankle Pain Cramping
Pain in the Arms: Shoulder Elbow Wrist Fingers
Pain in the Spine Lower Back Middle Back Neck Scoliosis Other:
Pain While: Walking Sitting Standing Laying Down

Please describe briefly:

NEUROLOGICAL:

Stroke (CVA) Seizures Transient Ischemic Attack (TIA) Fainting
Dizziness Fibromyalgia Chronic Fatigue Syndrome Other:

Please describe briefly:

ENDOCRINE:

Diabetes Pre-Diabetes Thyroid Other:

Please describe briefly:

Other Noteworthy History or Health Concerns:

Liver Disease Kidney Disease Other:

Please describe briefly:

Surgery:

List any surgical procedures that you have had, including any that you are aware that you may require in the future:

MENTAL HEALTH DISCOVERY

Do you have (currently or in the past) significant feelings of: (Please circle)

Depression	Anxiety	Sadness	Overwhelmed	Anger	Hopelessness
Loneliness	Stress	Tiredness	Boredom	Financial stress	
Relationship stress	School stress	Physical distress	Work stress	Family stress	Social
Other: Please describe briefly:					

On a scale of zero (none) to ten (worst), what is your currently stress level?

Have you ever seen a therapist, psychologist, psychiatrist or other mental health professional? _____

Please describe briefly:

Have you read any books or done self-discovery on any of these concepts? YES / NO

Do you take any medication to help with depression or to alter your mood? YES / NO

SOCIAL DISCOVERY

Are you currently married? YES / NO

How long married or how long have you been divorced or widowed?

Number of children and ages?

How many VERY CLOSE friends do you have?

Do you visit, hang out, or talk to any of these very close friends on a regular basis? YES / NO

If you were to change your health habits, do you feel that you would have support from your spouse, family, and close friends? YES / NO

Do you consider yourself in good health? YES / NO 4 (Please use a separate sheet of paper if there is not room for a complete answer)

(Please use a separate sheet of paper if there is not room for a complete answer)

M.E.N.D. CLIENT HEALTH & BEHAVIOR DISCOVERY

Do you consider your spouse in good health? YES / NO

Do you consider your very close friends in good health? YES / NO

Do you have anyone in your life that you would like to emulate and be like healthwise? YES / NO

Would you consider yourself currently "addicted" to anything? YES / NO

Have you ever been "addicted" to anything? YES / NO

Please describe briefly:

MOVEMENT DISCOVERY

(Please circle) if you recently have done or currently participate in any of the following:

Lift weights	Yoga	Walk	Gymnastics	Elliptical	Hike	
Jog						
Run	Sprint	HIIT Training	CrossFit	Bicycle	Meditation	Home
Gym						
Body weight exercise		Treadmill	Ski sports	Swimming	Other:	

What are your physical goals: (Please circle)

Get stronger	Lose weight	Increase endurance	Fight disease
Be less tired	Look better	Increase performance	Live longer
Feel better	Sleep better	Get off medications	Be able to do more
Attract a partner	Feel in control	Other(s):	

Please describe briefly:

Do you like to exercise? YES / NO

Do you prefer to exercise alone or with a partner?

(Please use a separate sheet of paper if there is not room for a complete answer)

M.E.N.D. CLIENT HEALTH & BEHAVIOR DISCOVERY

Have you ever used a fitness coach? YES / NO

What are the biggest barriers to you achieving these goals?

(SELF) EDUCATION DISCOVERY

Have you ever kept a journal documenting your health efforts? YES / NO

Please describe briefly:

Have you read any books or done self-discovery on motivation? YES / NO

Please describe briefly:

NOURISHMENT DISCOVERY

(If yes for any of the following, please state how many per day and how many years of history)

Do you drink alcohol? YES / NO _____

Do you drink coffee? Type? YES / NO _____

Do you drink soft drinks, including diet? YES / NO _____

Do you drink water throughout the day? YES / NO _____

Do you drink fruit juices and milk? YES / NO _____

What does your typical breakfast look like?

What does your typical lunch look like?

What does your typical dinner look like?

What do your typical snacks consist of?

(Please use a separate sheet of paper if there is not room for a complete answer)

M.E.N.D. CLIENT HEALTH & BEHAVIOR DISCOVERY

Do you have healthy snacks available to you at home? at work? in your vehicle? YES / NO

Do you have unhealthy snacks in your home? at work? in the vehicle? YES / NO

How many times a week do you go to a fast food restaurant?

How many times a week do you go to a regular restaurant?

Have you tried any diet plans that were structured, well-defined, and offered assistance?

YES / NO

Have you tried any diets that worked? YES / NO

How long were you able to continue this way of eating?

DECOMPRESS DISCOVERY

How many days a week do you work?

How many hours per day?

What do you typically do to relax from a long day of work/stress?

How many hours per day do you watch television?

How many hours per day do you sleep?

What time of the night do you get to sleep?

Do you get to sleep easily? YES / NO

(Please use a separate sheet of paper if there is not room for a complete answer)

M.E.N.D. CLIENT HEALTH & BEHAVIOR DISCOVERY

Do you wake up easily and feel refreshed relatively quickly in the morning? YES / NO

Do you take any type of sleep aid? (Medication, herbal supplement, alcohol, etc.) YES / NO

What are your biggest time/energy drains before you go to work?

What are your biggest time/energy drains after you get home from work?

MEDICATION HISTORY DISCOVERY

(If yes for any of the following, please state name/dose/frequency; Use a separate sheet if necessary)

Do you take any prescribed medications? YES / NO

Do you take any over the counter medications? YES / NO

Do you take any supplements? YES / NO

Do you take any recreational drugs? YES / NO

CURRENT MEDICATIONS

Name of Medication, Dosage, Frequency, Reason for Taking

RECENTLY DISCONTINUED MEDICATIONS

SUPPLEMENTS

Name of Supplement/Herb, Dosage, Frequency, Reason for Taking

(Please use a separate sheet of paper if there is not room for a complete answer)

M.E.N.D. CLIENT HEALTH & BEHAVIOR DISCOVERY



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I, _____ have answered the M.E.N.D. CLIENT HEALTH & BEHAVIOR DISCOVERY questionnaire accurately and completely. I understand that my medical history is a very important factor in the development of my Nurse Coach Health and Wellness program. I understand that certain medical conditions which are known to me, but that I do not disclose to my Nurse Coach, may result in serious injury to me.

If any of the above conditions change, I will immediately inform my Nurse Coach of those changes. I, knowingly and willingly, assume all risks (including injury or death) resulting from my failure to disclose accurate, complete, and updated information in accordance with the attached questionnaire. I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the events, behaviors or activities. I release Michael Gray, RN Health Coaching, MendYourself.com and any other entity connected to Michael Gray from all liability, costs and damages which might arise from participation in the above named Nurse Health Coaching.

Before starting any fitness program, change in dietary habits, or any other change in behavior that diverts from your baseline, it is recommended that you get a physical from your doctor, including assessment of heart function, pulmonary function, physical condition and lab work. If I (client) am under the care of a psychiatrist or other mental health professional, I will discuss my plan or program with them as well. I understand to never stop taking prescribed medication before speaking with my prescribing doctor first.

(Please use a separate sheet of paper if there is not room for a complete answer)

M.E.N.D. CLIENT HEALTH & BEHAVIOR DISCOVERY

Many medications can have severe adverse effects if stopped abruptly, including increased depression and suicidal ideation, high or low blood pressure, and even death. As a registered nurse, Michael Gray and any nurse coach working with me is not licensed to prescribe medication, nor suggest to cease taking medication. This will always be between me (client) and the prescribing doctor(s).

NOTE: RN Health Coaching encourages you to listen to your body. If it hurts, don't do it. The primary focus for any fitness routine is always safety, so please consider this your (client's) primary focus as well. This includes changes to diet.

If questions or situations arise that require clarification, consult your (client's) physician. If you ever experience chest pain or difficulty breathing, call 911 and get to your nearest emergency room. If at any time I have chest pain, difficulty breathing, or other seemingly urgent medical condition, it is my responsibility to seek immediate emergency medical care. I agree to accept financial responsibility for the costs related to any emergency treatment that might occur related to Nurse Health Coaching.

My Nurse Coach has verbally explained this statement and I understand it fully.

Client's Signature _____ Date: _____

Print name: _____

Nurse Coach's Signature _____ Date: _____



Health Coaching

MEND
yourself

Michael Gray, RN
RN Health Coaching LLC
MEND-Yourself
www.RNHealthCoaching.com

Your Information. Your Rights. Our Responsibilities. **Notices of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. (www.rnhealthcoaching.com)

Other Instructions for Notice

- Effective Date of this Notice January 1, 2014
- Michael Gray, RN. Gonegray@gmail.com; PO BOX 270536, Louisville, CO 80027
- We never market or sell personal information.
- We will never share any substance abuse treatment records without your written permission.



Health Coaching



Michael Gray, RN

RN Health Coaching LLC

MEND-Yourself

www.RNHealthCoaching.com

I, _____, have been offered a copy of RN Health Coaching LLC's Notices of Health Information Practices, entitled "Your Information. Your Rights. Our Responsibilities. (Notices of Privacy Practices)", which describes how my health information is used and shared. I understand that RN Health Coaching LLC has the right to change this notice at any time. I may obtain a current copy by emailing a request or by visiting RN Health Coaching LLC's website at www.rnhealthcoaching.com.

Patient Name _____

Patient Signature _____

Today's Date _____

Date of Birth _____



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Release of Liability

I, _____ have answered the **M.E.N.D. CLIENT HEALTH & BEHAVIOR DISCOVERY** questionnaire accurately and completely. I understand that my medical history is a very important factor in the development of my Nurse Coach Health and Wellness program. I understand that certain medical conditions which are known to me, but that I do not disclose to my Nurse Coach, may result in serious injury to me. If any of the above conditions change, I will immediately inform my Nurse Coach of those changes. I, knowingly and willingly, assume all risks (including injury or death) resulting from my failure to disclose accurate, complete, and updated information in accordance with the attached questionnaire.

I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant named above. By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the events, behaviors or activities. I release Michael Gray, RN Health Coaching LLC, Mend-Yourself.com and any other entity connected to Michael Gray from all liability, costs and damages which might arise from participation in the above named Nurse Health Coaching.

Before starting any fitness program, change in dietary habits, or any other change in behavior that diverts from your baseline, it is recommended that you get a physical from your doctor, including assessment of heart function, pulmonary function, physical condition and lab work. If I (client) am under the care of a psychiatrist or other mental health professional, I will discuss my plan or program with them as well.



Health Coaching

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(Release of Liability, page 2 of 2)

I understand to never stop taking prescribed medication before speaking with my prescribing doctor first. Many medications can have severe adverse effects if stopped abruptly, including increased depression and suicidal ideation, high or low blood pressure, and even death. As a registered nurse, Michael Gray and any nurse coach working with me is not licensed to prescribe medication, nor suggest to cease taking medication. This will always be between me (client) and the prescribing doctor(s).

RN Health Coaching encourages you to listen to your body. If it hurts, don't do it. The primary focus for any fitness routine is always safety, so please consider this your (client's) primary focus as well. This includes changes to diet.

NOTE: If questions or situations arise that require clarification, I will consult your (client's) physician. If you ever experience chest pain or difficulty breathing, call 911 and get to your nearest emergency room. If at any time I have chest pain, difficulty breathing, or other seemingly urgent medical condition, it is my responsibility to seek immediate emergency medical care. I agree to accept financial responsibility for the costs related to any emergency treatment that might occur related to Nurse Health Coaching.

My Nurse Coach has verbally explained this statement and I understand it fully.

Client's Signature _____ Date: _____

Nurse Coach's Signature _____ Date: _____



Michael Gray, RN
RN Health Coaching, LLC
www.RNHealthCoaching.com
MENDCoach@gmail.com

Nurse Coaching-Client Agreement

This agreement, dated _____, explicitly describes the conditions of the Coach-Client relationship between RN Health Coaching LLC and Michael Gray, RN (Nurse Coach) and _____ (Client).

Nurse Coach and Client hereby agree:

1. Nurse Coach and Client will meet as per scheduled appointments, in person, telephone or video teleconferencing as agreed.
2. Nurse Coach and Client will cooperatively develop a coaching plan based on the client's personal goals.
3. Nurse Coach agrees to facilitate and Client agrees to follow the coaching plan.
4. Nurse Coach agrees to spend the appropriate amount of time in preparation for meeting with the Client.
5. Client understands that clear communication and his own desire to become a healthier version of him/herself is the major factor of a successful outcome.
6. Client agrees to journal and document on a daily basis for the duration of the Nurse Coach-Client relationship
7. Client understands that tasks may be assigned or recommended in between coaching sessions, and that client will make an effort to complete these tasks to the best of his ability in a safe manner.
8. Client understands that Michael Gray is a licensed Registered Nurse in the state of Mississippi. He has a certain scope of **nursing practice** in which to maintain the Nurse Coach-Client relationship. He is in no way licensed or practicing as a Medical Doctor (MD), psychologist, psychiatrist, social worker or in any other regulated licensed capacity. RN Health Coaching LLC will however at times make referrals to other healthcare and mental health professionals as discovered within the coaching arena.

NURSE COACHING-CLIENT AGREEMENT



Health Coaching



9. This agreement is to be upheld during the entire Nurse Coach-Client relationship; or until cancelled by written notice by either party.
10. Client's privacy will be maintained at all times. If client decides to include by "tagging" or making reference to RN Health Coaching, MEND-Yourself, or Michael Gray in any venue on social media or other avenue, RN Health Coaching LLC shall not be held liable for compromised privacy in this regard.
11. Client fully and truthfully completed the "*Client Health and Behavior Discovery*", and has reviewed this document with the Nurse Coach.
12. Client has fully read and agrees with the *Release of Liability* agreement.
13. Client has fully read and agrees with the *Notices of Privacy Practices* agreement.
14. Nurse Coach has verbally explained this *Nurse Coaching-Client Agreement* and I understand it fully.
15. Please understand that even though I am a Registered Nurse, any suggestion or recommendation should never be considered a medical diagnosis, nor should it supersede what your medical doctor recommends.
16. Before starting any fitness program, change in dietary habits, or any other change in behavior that diverts from your baseline, it is recommended that you get a physical from your doctor, including assessment of heart function, pulmonary function, physical condition and lab work. If you are under the care of a psychiatrist or other mental health professional, you should discuss your plan or program with them as well.
17. Never stop taking prescribed medication before speaking with your prescribing doctor first. Many medications can have severe adverse effects if stopped abruptly, including increased depression and suicidal ideation, high or low blood pressure, and even death. I am not licensed to recommend that you take medication, nor am I suggesting you cease taking medication. This will always be between you and your prescribing doctor(s).
18. I encourage you to listen to your body. If it hurts, don't do it. My primary focus for any fitness routine is always safety, so please consider this your primary focus as well. This includes changes to your diet.
19. If questions or situations arise that require clarification, please consult your physician. If you ever experience chest pain or difficulty breathing, call 911 and get to your nearest emergency room.

Client's Printed Name _____

Client's Signature _____

Date: _____

Nurse Coach's Signature _____

Date: _____



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Michael Gray, RN
RN Health Coaching, LLC
RNHealthCoaching.com

HIPAA Release of Information AUTHORIZATION FORM

I, _____ hereby authorize _____ and its affiliates, its employees and agents (collectively _____), to release to Michael Gray, RN (a.k.a. RN Health Coaching LLC) my personal health information maintained by _____ (e.g., information relating to the diagnosis, treatment, claims payment, and health care services provided or to be provided to me and which identifies my name, address, social security number, Member ID number) except the following information about me: _____ [DESCRIBE INFORMATION NOT TO BE DISCLOSED, IF ANY] for the purpose of helping me to transfer personal health information, resolve claims and/or health benefit coverage issues.

I understand that any personal health information or other information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws.

This authorization is valid from the date of my/my representative's signature below and shall expire the earlier of _____ [INSERT DATE/EVENT UPON WHICH THIS AUTHORIZATION EXPIRES] or the date my coverage ends with _____. I understand that I have a right to revoke this authorization by providing written notice to Michael Gray, RN (a.k.a. RN Health Coaching LLC). However, this authorization may not be revoked if Michael Gray, RN (a.k.a. RN Health Coaching LLC), its employees or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization.

I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment or payment for or coverage of services.

Name of Member: _____

Signature of Member: _____

Date: _____

Name of Witness: _____

Signature of Witness: _____



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FREE CONSULTATION

For Appointment, Please Call:

Michael Gray RN, BSN

(475) 444-MEND (6363)

**Please, visit the website for
FREE videos and information**

**MENDCoach@Gmail.com
www.RNHealthCoaching.com
www.MEND-Yourself.com**



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COACHING SESSION **IN PROGRESS**

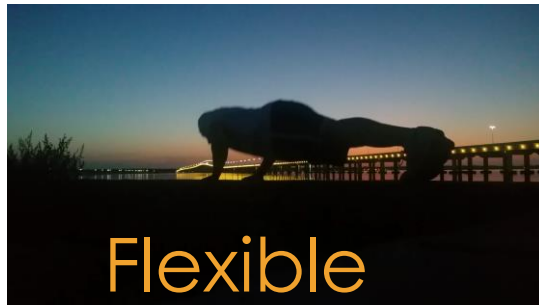
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Flexible Meeting Locations

- Office, by Appointment



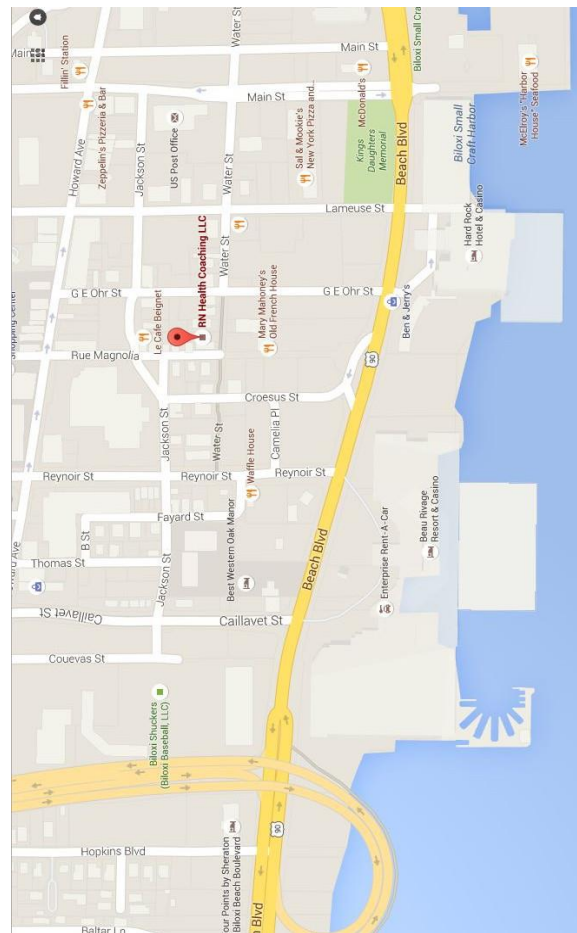
- Skype, Video Teleconference
- Telephone Session
- One-on-One, Couple and Group Sessions
- External Location (Starbucks, Park, Beach Walk, Workout, etc.)
- Your Business Location

RN Health Coaching LLC

792 Water Street #5
Biloxi, MS 39530

(475) 444-MEND (6363)
MENDCoach@gmail.com

Visit us on the Web:
www.RNHealthCoaching.com
www.MEND-Yourself.com



RNHealthCoaching.com

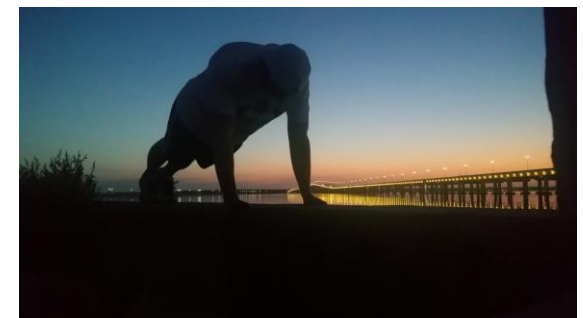
RN Health Coaching LLC

MEND YOURSELF

move*educate*nourish*decompress

Invest In Yourself!

Michael Gray, RN, BSN is a Registered Nurse who is passionate about helping people achieve the level of health, happiness and well-being that everyone deserves.



RNHealthCoaching.com

RN Health Coaching LLC

A Comprehensive (5 Session) Nurse- Coaching Package Includes:

- Two-hour initial consultation reviewing Health and Social History
- Plus, Four (4) One-hour follow up meetings over 44 days to evaluate and revise/streamline your personalized health and wellness plan
- \$300 total includes ALL 5 sessions
- Standard rate is \$90/hr.; \$240 discount for the package; (\$60/hr. rate applies to established clients after the initial 44 day submersion)
- Your commitment to keeping a 44 day dedicated M.E.N.D. JOURNAL on the progress of your health, well-being, presence, gratitude and happiness

Introduction to RN Health Coaching's M.E.N.D. Yourself! (Move, Educate, Nourish, Decompress)

- MEND Algorithms
- Curve Diagram
- Onion Diagram
- Wave Diagram
- Goal Setting
- Time Management
- Nourishment and Preparedness
- Primary Influencers (People and Environments)
- Focus on Increasing Awareness and Observation
- Correction of Harmful Reactivity and Unhealthy Patterns
- Depression/Anxiety (Cognitive Behavioral Therapy Concepts)
- The Human Lifespan and Your Current Position on this Timeline
- Tibetan Buddhism Concepts
- Present Mindedness, Gratitude and Happiness
- Energy Awareness; Perception Shifting
- Holistic Healing
- Utilization of the Nursing Process (A.D.P.I.E.): Assessment, Diagnosis (Nursing Diagnosis, not Medical), Planning, Implementation Techniques, and Evaluation of Outcomes

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