



OLV Health and Wellness Ministry – Parish Health Assessment

(Optional) Name: _____ Phone: _____ Email: _____

I am **INTERESTED** in the following:

SUPPORT GROUPS

- | | Yes | No |
|-------------------------------|--------------------------|--------------------------|
| Addiction and Substance Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| Aging and Elder Care | <input type="checkbox"/> | <input type="checkbox"/> |
| Alzheimer’s and Dementia | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Grief and Loss | <input type="checkbox"/> | <input type="checkbox"/> |
| Parenting | <input type="checkbox"/> | <input type="checkbox"/> |
| Other_____ | | |

HEALTH SCREENINGS

- | | Yes | No |
|---------------------|--------------------------|--------------------------|
| Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| Concussion Baseline | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Flu Shots | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Health | <input type="checkbox"/> | <input type="checkbox"/> |
| Mobile Mammograms | <input type="checkbox"/> | <input type="checkbox"/> |
| Other_____ | | |

I would **ATTEND** the following HEALTH EDUCATION topics:

- | | |
|---|---|
| <input type="checkbox"/> Respiratory Health (Asthma, COPD, etc.) | <input type="checkbox"/> Addictions (Alcohol, drugs, gambling, etc.) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Home Safety Issues |
| <input type="checkbox"/> Nutrition and Healthy Eating | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Exercise and Fitness |
| <input type="checkbox"/> Aging Issues | <input type="checkbox"/> End-of-Life Decisions and Care |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Parenting Skills |
| <input type="checkbox"/> Coping with Cancer | <input type="checkbox"/> Medicare/Medicaid |
| <input type="checkbox"/> First Aid and CPR | <input type="checkbox"/> Advance Directive & Power of Attorney |
| <input type="checkbox"/> Grief and Loss | <input type="checkbox"/> Alternative Medicine |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Navigating Health Insurance |
| <input type="checkbox"/> Teen Health | <input type="checkbox"/> Coping with Chronic Illness and Pain |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Suicide Awareness |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Skin Care and Sun Care |
| <input type="checkbox"/> Anxiety and Depression | <input type="checkbox"/> Healthy Marriages |
| <input type="checkbox"/> Heart Disease (Blood Pressure, CHF, Cholesterol, etc.) | <input type="checkbox"/> Medications (Prescriptions and Over-the-Counter) |

I would **ATTEND** the following SPIRITUAL EDUCATION topics:

- | | |
|--|--|
| <input type="checkbox"/> Forgiveness | <input type="checkbox"/> Couples Prayer or Bible Study Group |
| <input type="checkbox"/> Prayer and Exercise | <input type="checkbox"/> Men’s Prayer or Bible Study Group |
| <input type="checkbox"/> Types of Prayer | <input type="checkbox"/> Women’s Prayer or Bible Study Group |

I am most likely to **ATTEND** events: Weekdays Weekends
 Mornings Afternoons Evenings

I would like to **VOLUNTEER** with this Ministry: _____