Join the Fit-KIDS/Fit-TEENS Program at Dekalb Pediatric Associates

DO YOU WANT TO EXERCISE MORE, EAT BETTER, AND LOSE WEIGHT?

PARTICIPATE IN THE 16 WEEK PROGRAM AND GAIN:

COACHING TO HELP YOU REACH A HEALTHY PHYSICAL ACTIVITY LEVEL

COACHING TO HELP YOU EAT A HEALTHY DIET

TAKING ACTION TO LOWER YOUR HEART DISEASE AND DIABETES RISK

WHAT DOES THE PROGRAM INVOLVE?

- You will participate in monthly interactive health education groups and exercise class at the Dekalb Pediatric Clinic over a 16 week period
- You will be asked to exercise for 30 minutes 5 days a week and receive a free pedometer
- You will be asked to take a healthy diet plan of fruits and vegetables and whole grains and low fat and sugar
- You will be asked to complete health assessments and questionnaires at the beginning and end of the program

WHAT SHOULD YOU ALSO KNOW:

- The program will begin March 1, 2019.
- All information is kept confidential.
- We will not ask you to take any special medications or treatments.
- Your participation is voluntary and you can disenroll at any time.

Participants receive opportunities for winning prize drawings

Dekalb Pediatric Associates is conducting a 16 week program to show how healthy diet and exercise improves heart disease risk factors including obesity, high blood pressure, high cholesterol, and high blood sugar.

Program Coordinator, Nurse Practitioner, Dr. Jacquelyn Paynter, DNP, APRN, FNP-C

Team Members: Physician, Dr. Ronald Homer, MD; Nutritionist, MJ Esquivel; Fitness Trainers
Practice Administrator, Carolyn Parera, CPMA, CPC

To join the 16 week Fit-KIDS/Fit-TEENS Program, complete the Enrollment Form.

You may also contact Dekalb Pediatrics at (404) 446-4600 to enroll.

Join the Fit-KIDS/Fit-TEENS Program at Dekalb Pediatric Associates

ENROLLMENT FORM

To enroll in the Fit-KIDS/Fit-TEENS Program, please complete the participant information below.

First Name:________________________________ MI_____ Last Name__________________________________

Address:____ City________________ State______ Zipcode_______

Date of Birth:___________________________________ Age:___________ Gender: Male_____ Female_____

Phone Number:____

Please indicate if you have any of the following health problems (Check all that apply):

____High Blood Pressure

____High Cholesterol

____Diabetes/Pre-Diabetes

____Bone/Joint/Muscle Pain

____ Overweight/Obese

____ Depression/Low Self-Esteem

____ Tobacco/Alcohol/Drug Use

____Other, Specify________________________

Please tell us your top three healthy lifestyle goals:

1. ____

2. ____

3. ____

Signature **Date**

To join the 16 week Fit-KIDS/Fit-TEENS Program, complete the Enrollment Form.

You may also contact Dekalb Pediatrics at (404) 446-4600 to enroll.