

## Wellness Profile

Date: \_\_\_\_\_

Wellness Contact: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### Company Location

☐ Local
 ☐ Statewide
 ☐ Regional
 ☐ National

### Hour of Operations

☐ Days
 ☐ Nights
 ☐ Weekends

Number of Employees: \_\_\_\_\_

Do you currently have a wellness program? ☐ Yes ☐ No

(If Yes) does it include?

☐ Fitness Membership Discount
 ☐ Health Screening  
☐ Onsite Wellness Facility
 ☐ Participation Incentives  
☐ Participation Reports
 ☐ Educational Opportunities

How often is wellness training available onsite? \_\_\_\_\_

What is your primary reason for creating a healthier workforce?

☐ Reduce Cost of Absenteeism
 ☐ Increase Productivity  
☐ Reduce Cost of Presenteeism
 ☐ Injury Prevention & Reduction  
☐ Reduce Cost of Healthcare
 ☐ Increasing Staff Benefits  
☐ Increase Morale

How are you planning on achieving your organizational wellness goals?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What wellness services would be beneficial to your company?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_