

# Integrative Health & *Wellness*

DC VAMC Patient Centered Care

THE IHW PROGRAM AT THE WASHINGTON, DC VETERANS AFFAIRS MEDICAL CENTER  
IS PLEASED TO OFFER A NUMBER OF INTEGRATIVE WELLNESS GROUPS

Gentle Yoga

iRest Yoga Nidra & Meditation

Tailored Group Acupuncture

Integrative Nutrition

T'ai Chi & Qigong

Whole Health Group

Wellness Massage



If you are interested in these services, please ask your provider to place a consult for the Integrative Health and Wellness (IHW) Program. After your provider places the consult, you will be contacted to schedule an orientation session.

Attending the orientation is mandatory before participating in IHW Program services.  
Orientation length: Approximately 1 hour.

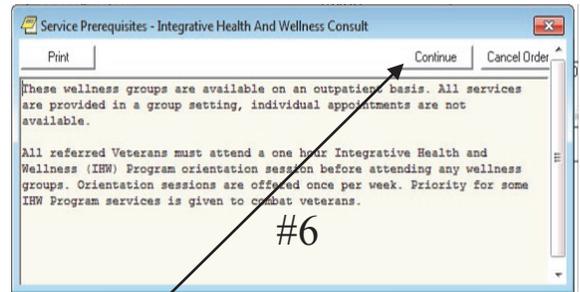
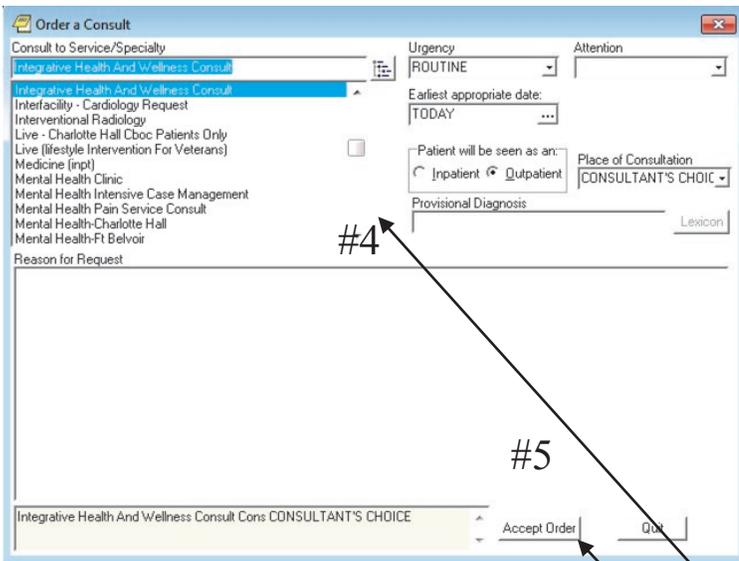
Integrative Health and Wellness Program at the DC VAMC  
Room 1E 390 Phone: (202) 745-8000 x 53882



## Instructions for Providers

To place a consult for the Integrative Health and Wellness Program, please use the instructions on the back of this flyer. Any VA provider can submit a consult to the IHW program. In order to complete the submission and have access to all the available services, clearance from a medical provider is **REQUIRED**.

Providers can follow these easy instructions to submit a consult for a Veteran who wants to participate in the Integrative Health and Wellness (IHW) Program Groups.



1. In CPRS, select the Veteran being referred
2. Select the "Consults" tab on the bottom of the screen
3. At the top of the screen, select "Action" then "New..." then "Consult"
4. Under "Consult to Service/Specialty" place the consult for "Integrative Health And Wellness Consult"
5. Click the "Accept Order" button
6. Select "Continue" after reading the details on the Service Prerequisites screen

7. Complete all the fields of the consult. Be sure to indicate whether the veteran is:
    - **accompanied by a caregiver or service animal**
    - **Wheelchair-bound**
- Clearance to participate from a Medical Provider is **REQUIRED**. If you are not a medical provider, notify the PCP to get clearance for the Veteran to participate.
- Identify any conditions IHW providers should be aware of (ex: spinal cord injury) and the reason for referral.
- Select all services** recommended for the Veteran.

PLEASE COMPLETE ALL FIELDS. INCOMPLETE CONSULTS WILL REQUIRE RESUBMISSION. IHW SERVICES ARE TO DECREASE STRESS AND INCREASE OVERALL WELLBEING, NOT FOR THE TREATMENT OF ANY SPECIFIC CONDITION.

\*Provider has informed the Veteran that services in this program are available only after attending the program orientation.  Yes  No

\*Veteran requires a caregiver to attend appointments at the DC VAMC.  Yes  No

\*Veteran is accompanied by a service animal.  Yes  No

\*Veteran is wheelchair bound and requires travel to attend appointments at the DC VAMC.  Yes  No

\*Veteran understands that this is a voluntary program in which he/she can participate:  Yes  No

\*Veteran is cleared by a medical provider to participate in all IHW Wellness Activities (see below for list of services):  Yes  No

If Veteran is NOT cleared to participate in ALL services, please specify which services the Veteran is not cleared to attend due to contraindications.

Please list any physical or psychological conditions that providers should be aware of prior to working with this Veteran (including but not limited to conditions of the spine and neck that would limit the Veteran's participation in physical activities/manipulation, pregnancy, or behavior that is disruptive in a group setting). If there are none, please report "N/A". \*

\*Reason for wellness referral: (services are not intended for the treatment of any specific condition). \*

\*Provider recommended referral (MINIMUM OF ONE RECOMMENDATION IS REQUIRED , can check more than one):

- Tailored Group Ear Acupuncture (exclusion: pregnancy)
- Meditation
- Gentle yoga
- Qigong
- Tai Chi
- Integrative Nutrition Education Group
- Whole Health Education Group
- Wellness Massage
- Integrative Medicine Physician Review

\*By checking this option, you are requesting the Integrative Medicine Physician (IMP) to review the medical history of the Veteran you are referring. IHW staff will contact the Veteran after he/she attends the IHW orientation to schedule an individual consultation as appropriate. Individual consultation eligibility and appropriate integrative service utilization will be determined by the IMP. Please provide your @va.gov email address when requesting this service. If necessary, the IMP may contact you with follow-up questions. @va.gov

Your referral will be sent to the IHW program coordinator and the Veteran will be contacted to be scheduled for the mandatory orientation session.