



2016 Wellness Assessment

Medical: State of Wisconsin (ETF)

Getting regular check ups, preventive screening tests, and immunizations are among the most important things you can do for yourself. Please have your primary care provider sign this form between **January 1, 2016 - December 31, 2016** to indicate you are up-to-date on your preventive screenings.

Have your Provider complete section 1 and section 2.

Review your form carefully before submitting, as the Cooperative will process only forms that have been fully completed.

Section 1: Provider Information (please print clearly)

The Group Health Cooperative of Eau Claire member presenting this form is voluntarily participating in a worksite wellness program through the State of Wisconsin that includes an annual biometric screening. Please complete the screenings in section 2 based upon your clinical practice guidelines and the U.S. Preventive Services Task Force (USPSTF) recommendations.

Provider/Clinic name: _____ Phone number: _____
Provider signature: _____ Date: _____

Section 2: Biometric Information (Height, weight and blood pressure need to be measured annually)

Screening date (MM/DD/YYYY): _____ Fasting (8 - 12 hours): Yes No Pregnant: Yes No

Height: _____ in.	Weight: _____ lbs.	Total Cholesterol*: _____ mg/dL	Glucose*: _____ mg/dL	Blood Pressure: _____ mmHg
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Optional biometric information

LDL Cholesterol: _____ mg/dL	HDL Cholesterol: _____ mg/dL	Triglycerides: _____ mg/dL	Waist Measurement: _____ in.	Body Mass Index: _____
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* If your patient has recent results that fit USPSTF guidelines, there is no need to retest. Please submit date of most recent lab work. **Date:** _____

Section 3: Member Information

Member last name: _____ Member first name: _____
Date of birth (MM/DD/YYYY): _____
Mailing street address: _____
City: _____ State: _____ ZIP: _____
Member Signature: _____ Date: _____

I would like to discuss my online Wellness Assessment and Health Survey results with a Health Promotion Coach.

All completed forms can be e-mailed to formsubmission@group-health.com. Please include "ETF Preventive" in your subject line. Or mail forms to Group Health Cooperative | Attn: Health Promotion | 2503 N. Hillcrest Parkway | Altoona, WI 54720

If you have any questions, our Member Services team would be happy to help you at (715) 552-4300 or (888) 203-7770.